

The Millennium Development Goals Report



UNITED NATIONS

2007



This report is based on a master set of data that has been compiled by an Inter-Agency and Expert Group on MDG Indicators led by the Department of Economic and Social Affairs of the United Nations Secretariat, in response to the wishes of the General Assembly for periodic assessment of progress towards the MDGs. The Group comprises representatives of the international organizations whose activities include the preparation of one or more of the series of statistical indicators that were identified as appropriate for monitoring progress towards the MDGs, as reflected in the list below. A number of national statisticians and outside expert advisers also contributed.

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Foreword

Since their adoption by all United Nations Member States in 2000, the Millennium Declaration and the Millennium Development Goals have become a universal framework for development and a means for developing countries and their development partners to work together in pursuit of a shared future for all.

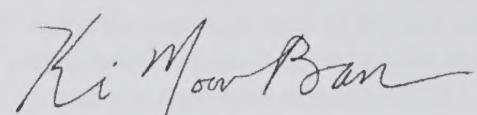
We are now at the midpoint between the adoption of the MDGs and the 2015 target date. So far, our collective record is mixed. The results presented in this report suggest that there have been some gains, and that success is still possible in most parts of the world. But they also point to how much remains to be done. There is a clear need for political leaders to take urgent and concerted action, or many millions of people will not realize the basic promises of the MDGs in their lives.

The MDGs are still achievable if we act now. This will require inclusive sound governance, increased public investment economic growth, enhanced productive capacity, and the creation of decent work. Success in some countries demonstrates that rapid and large-scale progress towards the MDGs is feasible if we combine strong government leadership, good policies and practical strategies for scaling up public investments in vital areas with adequate financial and technical support from the international community.

To achieve the Goals, nationally-owned development strategies and budgets must be aligned with them. This must be backed up by adequate financing within the global partnership for development and its framework for mutual accountability.

The world wants no new promises. It is imperative that all stakeholders meet, in their entirety, the commitments already made in the Millennium Declaration, the 2002 Monterrey Conference on Financing for Development, and the 2005 World Summit. In particular, the lack of any significant increase in official development assistance since 2004 makes it impossible, even for well-governed countries, to meet the MDGs. As this report makes clear, adequate resources need to be made available to countries in a predictable way for them to be able to effectively plan the scaling up of their investments. Yet, these promises remain to be fulfilled.

I commend this report as a key resource to help show what can be achieved and how much still needs to be done. Reliable and timely information is key to formulating the necessary policies and strategies to ensure progress, monitor development and make the MDGs achievable.



BAN KI-MOON
Secretary-General, United Nations



Overview

Progress at the MDG mid-point

The Millennium Declaration set 2015 as the target date for achieving most of the Goals. As we approach the midway point of this 15-year period, data are now becoming available that provide an indication of progress during the first third of this 15-year period.

This report presents the most comprehensive global assessment of progress to date, based on a set of data prepared by a large number of international organizations within and outside the United Nations system.

The results are, predictably, uneven. The years since 2000, when world leaders endorsed the Millennium Declaration, have seen some visible and widespread gains. Encouragingly, the report suggests that some progress is being made even in those regions where the challenges are greatest. These accomplishments testify to the unprecedented degree of commitment by developing countries and their development partners to the Millennium Declaration and to some success in building the global partnership embodied in the Declaration.

The results achieved in the more successful cases demonstrate that success is possible in most countries, but that the MDGs will be attained only if concerted additional action is taken immediately and sustained until 2015. All stakeholders need to fulfil, in their entirety, the commitments they made in the Millennium Declaration and subsequent pronouncements.

The following are some measures of the progress that has been achieved:

- The proportion of people living in extreme poverty fell from nearly a third to less than one fifth between 1990 and 2004. If the trend is sustained, the MDG poverty reduction target will be met for the world as a whole and for most regions.
- The number of extremely poor people in sub-Saharan Africa has levelled off, and the poverty rate has declined by nearly six percentage points since 2000. Nevertheless, the region is not on track to reach the Goal of reducing poverty by half by 2015.
- Progress has been made in getting more children into school in the developing world. Enrolment in primary education grew from 80 per cent in 1991 to 88 per cent in 2005. Most of this progress has taken place since 1999.
- Women's political participation has been growing, albeit slowly. Even in countries where previously only men were allowed to stand for political election, women now have a seat in parliament.
- Child mortality has declined globally, and it is becoming clear that the right life-saving interventions are proving effective in reducing the number of deaths due to the main child killers – such as measles.

- Key interventions to control malaria have been expanded.
- The tuberculosis epidemic, finally, appears on the verge of decline, although progress is not fast enough to halve prevalence and death rates by 2015.

By pointing to what has been achieved, these results also highlight how much remains to be done and how much more could be accomplished if all concerned live up fully to the commitments they have already made. Currently, only one of the eight regional groups cited in this report is on track to achieve all the Millennium Development Goals. In contrast, the projected shortfalls are most severe in sub-Saharan Africa. Even regions that have made substantial progress, including parts of Asia, face challenges in areas such as health and environmental sustainability. More generally, the lack of employment opportunities for young people, gender inequalities, rapid and unplanned urbanization, deforestation, increasing water scarcity, and high HIV prevalence are pervasive obstacles.

Moreover, insecurity and instability in conflict and post-conflict countries make long-term development efforts extremely difficult. In turn, a failure to achieve the MDGs can further heighten the risk of instability and conflict. Yet in spite of a technical consensus that development and security are mutually dependent, international efforts all too often treat them as independent from one another.

The following are some of the key challenges that have to be addressed:

- Over half a million women still die each year from treatable and preventable complications of pregnancy and childbirth. The odds that a woman will die from these causes in sub-Saharan Africa are 1 in 16 over the course of her lifetime, compared to 1 in 3,800 in the developed world.
- If current trends continue, the target of halving the proportion of underweight children will be missed by 30 million children, largely because of slow progress in Southern Asia and sub-Saharan Africa.
- The number of people dying from AIDS worldwide increased to 2.9 million in 2006, and prevention measures are failing to keep pace with the growth of the epidemic. In 2005, more than 15 million children had lost one or both parents to AIDS.
- Half the population of the developing world lack basic sanitation. In order to meet the MDG target, an additional 1.6 billion people will need access to improved sanitation over the period 2005-2015. If trends since 1990 continue, the world is likely to miss the target by almost 600 million people.
- To some extent, these situations reflect the fact that the benefits of economic growth in the developing world have

been unequally shared. Widening income inequality is of particular concern in Eastern Asia, where the share of consumption of the poorest people declined dramatically between 1990 and 2004.

- Most economies have failed to provide employment opportunities to their youth, with young people more than three times as likely as adults to be unemployed.
- Warming of the climate is now unequivocal. Emissions of carbon dioxide, the primary contributor to global climate change, rose from 23 billion metric tons in 1990 to 29 billion metric tons in 2004. Climate change is projected to have serious economic and social impacts, which will impede progress towards the MDGs.

This report also points to disparities within countries, where particular groups of the population – often those living in rural areas, children of mothers with no formal education and the poorest households – are not making enough progress to meet the targets, even where the rest of the population is. This is particularly evident in access to health services and education. In order to achieve the MDGs, countries will need to mobilize additional resources and target public investments that benefit the poor.

Rapid and large-scale progress is feasible

Several developing countries are demonstrating that rapid and large-scale progress towards the MDGs is possible when strong government leadership and policies and strategies that effectively target the needs of the poor are combined with adequate financial and technical support from the international community.

In particular, impressive results have been achieved in sub-Saharan Africa in areas such as raising agricultural productivity (in Malawi, for example), boosting primary school enrolment (as in Ghana, Kenya, Uganda and the United Republic of Tanzania), controlling malaria (as in Niger, Togo, Zambia, Zanzibar), widening access to basic rural health services (Zambia), reforesting areas on a large scale (Niger), and increasing access to water and sanitation (Senegal and Uganda). These practical successes now need to be replicated and scaled-up.

With support from the United Nations, many developing countries – particularly in Africa – have advanced in preparing strategies to achieve the MDGs. As of mid-2007, 41 countries in sub-Saharan Africa had started the process of preparing national development strategies aligned with the MDGs and other development goals agreed upon through the United Nations. During this mid-point year, the international community needs to support the preparation of these strategies and to accelerate implementation of the MDGs.

In general, strategies should adopt a wide-ranging approach that seeks to achieve pro-poor economic growth, including through the creation of a large number of additional opportunities for decent work. This, in turn, will require comprehensive programmes for human development, particularly in education and health, as well as building productive capacity and improved physical infrastructure. In

each case, an effort should be made to quantify the resources required to implement these programmes. Implementation should be based on a medium-term approach to public expenditure. A sound national statistical system and enhanced public accountability are necessary to support all these efforts.

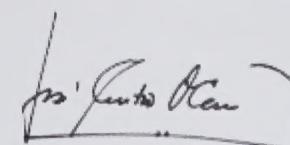
The MDGs should also be systematically integrated into post-conflict recovery strategies by coordinating security and humanitarian operations with long-term development efforts. The MDGs provide outcome objectives that countries can use as benchmarks for the transition from relief and recovery to long-term development.

Success in achieving the MDGs in the poorest and most disadvantaged countries cannot be achieved by these countries alone. Developed countries need to deliver fully on longstanding commitments to achieve the official development assistance (ODA) target of 0.7 per cent of gross national income (GNI) by 2015. It requires, in particular, the Group of 8 industrialized nations to live up to their 2005 pledge to double aid to Africa by 2010 and European Union Member States to allocate 0.7 per cent of GNI to ODA by 2015. In spite of these commitments, ODA declined between 2005 and 2006 and is expected to continue to fall slightly in 2007 as debt relief declines.

Aid has to be improved by ensuring that assistance is aligned with the policies that recipient countries have adopted, and that flows to individual countries are continuous, predictable and assured and are not tied to purchases in the donor country. To this end, donors should reduce the present unpredictability of aid by providing multi-year schedules of aid flows to each recipient country. One of the uses of the additional resources should be to multiply, within and across countries, the number of “quick impact” initiatives that have proven their efficacy in the past few years.

As a further element of their development partnership, and as agreed to in Doha in 2001, all governments should redouble their efforts to reach a successful and equitable conclusion to the present trade negotiations – an outcome that ensures that the international trading system and global trading arrangements become more conducive to development in all developing countries.

Addressing the challenge of climate change has to be a new but integral element of each country’s development strategy. More importantly, however, it should become an enhanced part of the international development agenda: All development partners should collaborate intensively in devising a shared global strategy to address this global problem.



JOSÉ ANTONIO OCAMPO
Under-Secretary-General for Economic and Social Affairs

Goal 1

Eradicate extreme poverty & hunger



TARGET

Halve, between 1990 and 2015, the proportion of people whose income is less than \$1 a day

Extreme poverty is beginning to fall in sub-Saharan Africa

Proportion of people living on less than \$1 a day, 1990, 1999 and 2004 (Percentage)

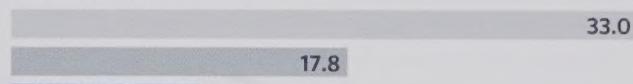
Sub-Saharan Africa



Southern Asia



Eastern Asia



Latin America & the Caribbean



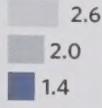
South-Eastern Asia



Western Asia



Northern Africa



Transition countries of South-Eastern Europe

<0.1



CIS



Developing regions



Worldwide, the number of people in developing countries living on less than \$1 a day fell to 980 million in 2004 - down from 1.25 billion in 1990. The

proportion of people living in extreme poverty fell from nearly a third to 19 per cent over this period. If progress continues, the MDG target will be met. However, success is unequally shared, since the decline in global poverty is mostly due to rapid economic growth in Asia. Eastern and South-Eastern Asia, in particular, experienced impressive reductions in poverty, and accelerating growth in India has also put Southern Asia on track to achieve the goal.

In contrast, poverty rates in Western Asia more than doubled between 1990 and 2005. Extreme poverty rose sharply in the early 1990s in the Commonwealth of Independent States (CIS) and the transition countries of South-Eastern Europe. Poverty rates in those regions are now dropping, however, and approaching the levels of the 1980s.

In sub-Saharan Africa, the proportion of people living in extreme poverty fell from 46.8 per cent in 1990 to 41.1 per cent in 2004. Most of this progress was achieved since 2000. The number of people living on less than \$1 a day is also beginning to level off, despite rapid population growth. The per capita income of seven sub-Saharan countries grew by more than 3.5 per cent a year between 2000 and 2005; another 23 had growth rates of more than 2 per cent a year over this period, providing a degree of optimism for the future.

The international poverty line is being redrawn

The latest estimates on poverty draw on over 500 household surveys from 100 developing countries, representing 93 per cent of the population of the developing world. The international poverty line is based on a level of consumption representative of the poverty lines found in low-income countries. Since 2000, the international poverty line has been set at \$1.08 a day, measured in terms of 1993 purchasing power parity (PPP). In the coming year, new estimates of PPP, based on 2005 prices, will be produced by the International Comparison Program. These new measures of the relative cost of living among countries will require a revision to the international poverty line and may change our understanding of the extent and distribution of global poverty.

The poorest are getting a little less poor in most regions

Poverty gap ratio, 1990 and 2004 (Percentage)

Sub-Saharan Africa



Southern Asia



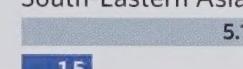
Latin America & the Caribbean



Eastern Asia



South-Eastern Asia



Western Asia



Transition countries of South-Eastern Europe



Northern Africa



CIS



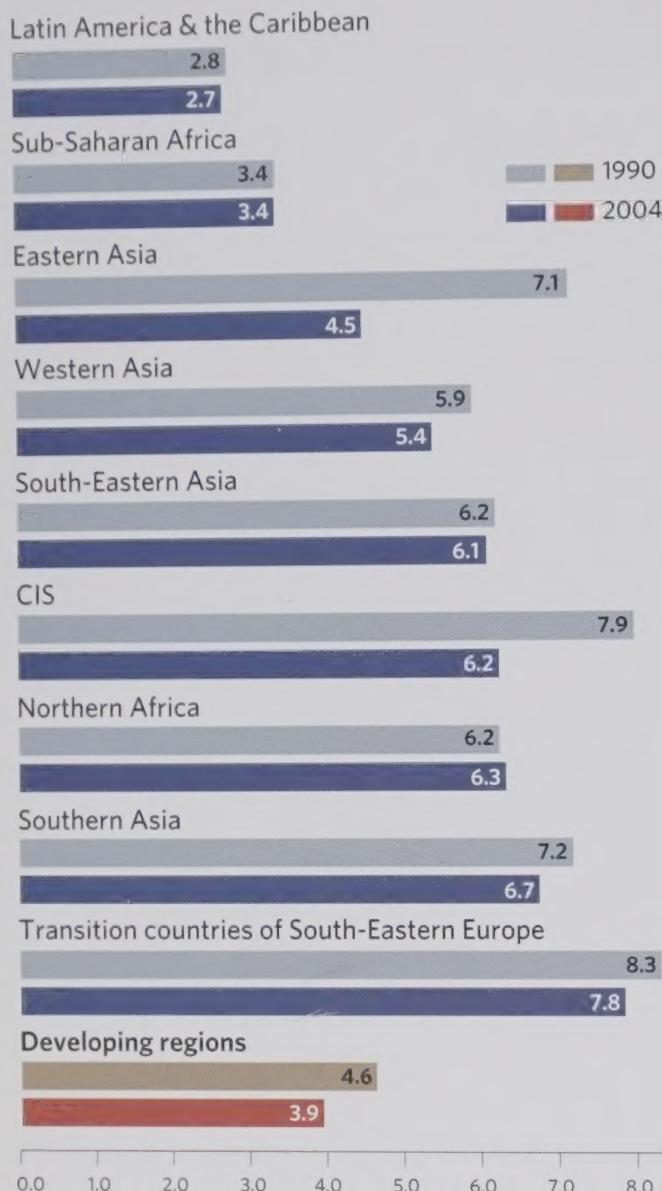
Developing regions



In most developing regions, the average income of those living on less than \$1 a day has increased. The poverty gap ratio, which reflects the depth of poverty as well as its incidence, has decreased in all regions except Western Asia, where the rising poverty rate has caused the poverty gap to increase, and in the transition countries in Europe and the CIS, where there has been marginal deterioration or no change. In contrast, the poor in Eastern and South-Eastern Asia have made important gains. In spite of some improvement, the poverty gap ratio in sub-Saharan Africa remains the highest in the world, indicating that the poor in that region are the most economically disadvantaged in the world.

Poverty reduction has been accompanied by rising inequality

Share of poorest quintile in national consumption, 1990 and 2004 (Percentage)



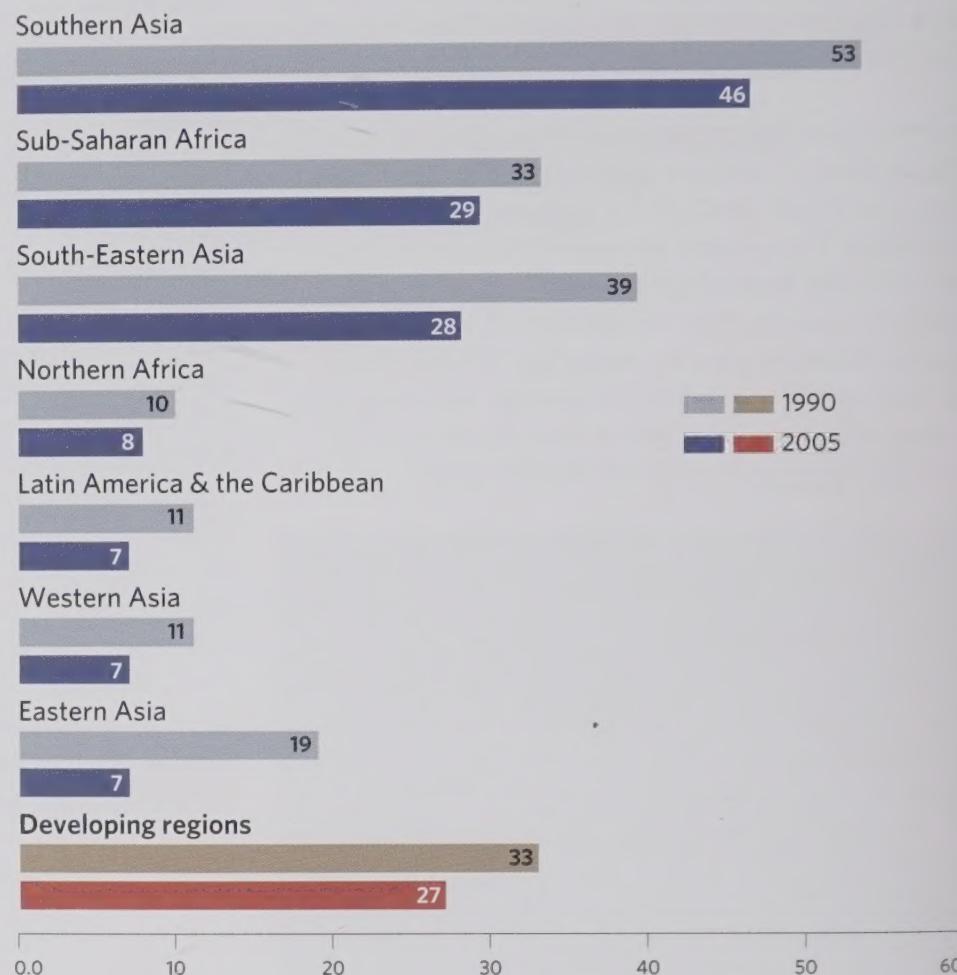
The benefits of economic growth in the developing world have been unequally shared, both within and among countries. Between 1990 and 2004, the share of national consumption by the poorest fifth of the population in developing regions decreased from 4.6 to 3.9 per cent (in countries where consumption figures were unavailable, data on income were used). Widening income inequality is of particular concern in Eastern Asia, where the share of consumption among the poorest people declined dramatically during this period. Still, inequality remains the highest in Latin America and the Caribbean and in sub-Saharan Africa, where the poorest fifth of the people account for only about 3 per cent of national consumption (or income).

TARGET

Halve, between 1990 and 2015, the proportion of people who suffer from hunger.

Child hunger is declining in all regions, but meeting the target will require accelerated progress

Proportion of children under age five who are underweight, 1990 and 2005 (Percentage)



Globally, the proportion of children under five who are underweight declined by one fifth over the period 1990-2005. Eastern Asia showed the greatest improvement and is surpassing the MDG target, largely due to nutritional advances in China. Western Asia and Latin America and the Caribbean have also demonstrated significant progress, with underweight prevalence dropping by more than one third. The greatest proportions of children going hungry continue to be found in Southern Asia and sub-Saharan Africa. Poor progress in these regions means that it is unlikely that the global target will be met. If current trends continue, the world will miss the 2015 target by 30 million children, essentially robbing them of their full potential.



Goal 2

Achieve universal primary education



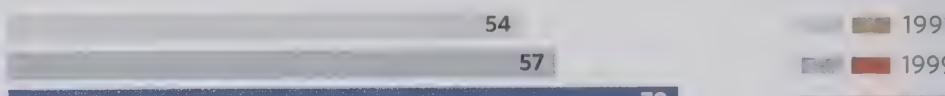
TARGET

Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

Sub-Saharan Africa is making progress toward universal enrolment, but has a long way to go

Total net enrolment ratio in primary education,* 1990/1991, 1998/1999 and 2004/2005 (Percentage)

Sub-Saharan Africa



Oceania



Western Asia



CIS, Europe



Southern Asia



South-Eastern Asia



CIS, Asia



Eastern Asia



Northern Africa



Latin America & the Caribbean



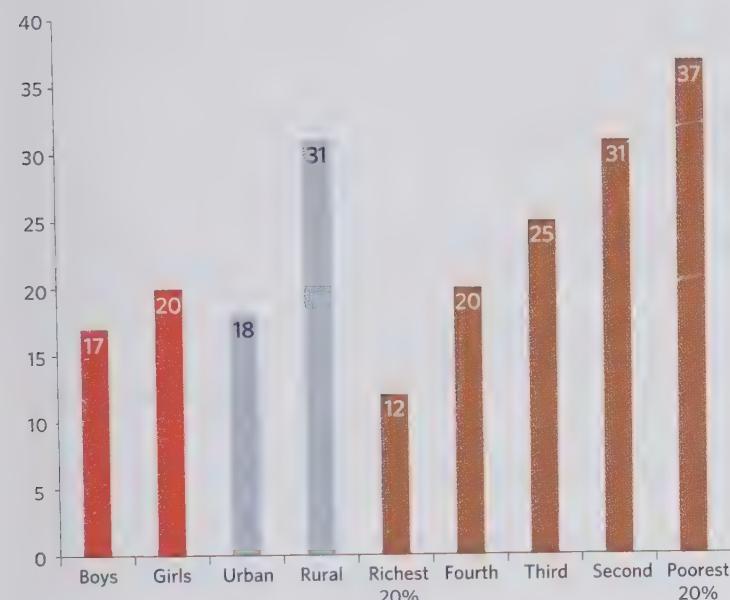
Developing regions



The net enrolment ratio in primary education in the developing regions increased to 88 per cent in the school year 2004/2005, up from 80 per cent in 1990/1991. Two thirds of the increase occurred since 1999. Although sub-Saharan Africa has made significant progress over the last few years, it still trails behind other regions, with 30 per cent of its children of primary school age out of school. A strong push will be needed over the next few years to enrol all children in school and to fulfil their right to a quality education.

Girls and children from poorer or rural families are least likely to attend school

Children of primary school age out of school, by sex, place of residence and household wealth, 2005 (Percentage)



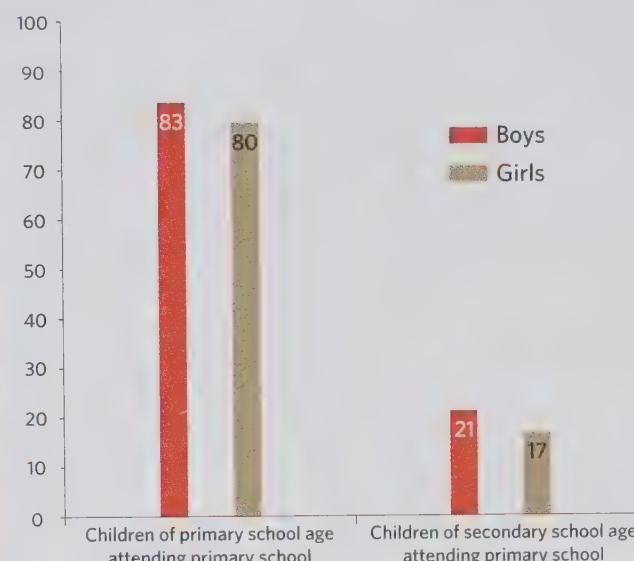
Progress has been made in reducing the number of children out of school. Still, the number is unacceptably high. Based on enrolment data, about 72 million children of primary school age were not in school in 2005; 57 per cent of them were girls. As high as this number seems, surveys show that it underestimates the actual number of children who, though enrolled, are not attending school. Moreover, neither enrolment nor attendance figures reflect children who do not attend school regularly. To make matters worse, official data are not usually available from countries in conflict or post-conflict situations. If data from these countries were reflected in global estimates, the enrolment picture would be even less optimistic.

The children most likely to drop out of school or to not attend at all are those from poorer households or living in rural areas. For example, nearly a third of children of

primary school age in rural areas of the developing world are out of school, compared with 18 per cent of children in the same age group living in cities. Girls are still excluded from education more often than boys, a pattern that is particularly evident in Western and Southern Asia.

One child in five who is old enough to attend secondary school is still enrolled in primary school

Net school attendance in primary school by children of official age and by children of secondary school age in all developing regions, 2005 (Percentage)



When many children entering school are under or over the official age for enrolment, the net enrolment ratios for primary school do not accurately reflect the situation of children in school. Surveys indicate that attendance by over-age children is very common, especially in some regions. In sub-Saharan Africa, for example, more children of secondary school age are attending primary school than secondary school. Though late enrolment is better than not enrolling at all, it represents a challenge for the education system and reflects the difficulties families face in sending their children to school. Late enrolment also puts children at a disadvantage by causing potential learning problems and lessening opportunities to advance to a higher level of education. Where the information is available, data show that children who start school at least two years later than the official age are more likely to be from poorer households and have mothers with no formal education.

Goal 3

Promote gender equality and empower women



TARGET

Eliminate gender disparity in primary and secondary education preferably by 2005 and in all levels of education no later than 2015

Doors are opening slowly for women in the labour market

Employees in non-agricultural wage employment who are women, 1990 and 2005 (Percentage)

Southern Asia

13

Northern Africa

18

20

Western Asia

16

21

Sub-Saharan Africa

28

32

Oceania

28

38

South-Eastern Asia

38

39

Eastern Asia

38

41

Latin America & the Caribbean

37

42

Developed regions

44

47

CIS

49

51

World

36

39

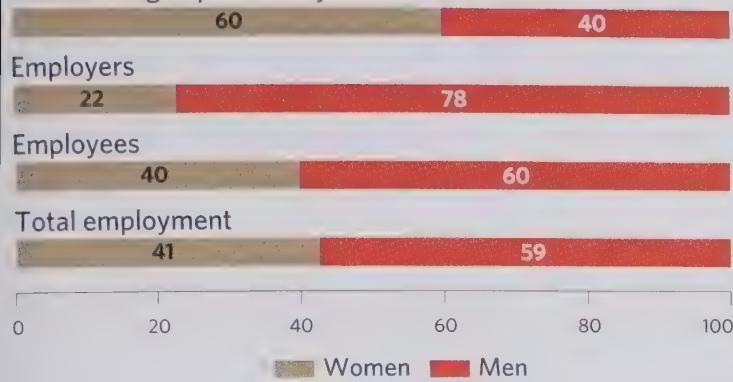
0 10 20 30 40 50 60

Women's participation in paid, non-agricultural employment has continued to increase slowly. The greatest gains are in some of the regions where women have the least presence in the labour market - in Southern Asia, Western Asia and Oceania. In Northern Africa, where women's participation is also low, progress has been insignificant. Only one in five employees in that region is a woman, a situation that has remained unchanged for the last 15 years. In other regions, women are slowly gaining a foothold in paid employment at a level on par with men, or, in the case of the CIS, slightly above it.

Women's labour is more likely than men's to be unpaid

Share of women in total employment by job status, 1990-2005 (Percentage)

Contributing unpaid family workers



Wage employment in most of Africa and in many parts of Asia and Latin America is concentrated in urban areas. Outside cities and towns, most employment is in agriculture, and mainly for family subsistence. Women in developing regions are more likely than men to work in agriculture, and as contributing but unpaid family workers. Worldwide, over 60 per cent of unpaid family workers are women – meaning that women continue to lack access to job security and social protection.

Women gain ground politically, though men still wield control

Share of women in single or lower houses of parliament, 1990 and 2007 (Percentage)

Oceania

1

3

Western Asia

5

1990 (grey), 2007 (blue)

8

Northern Africa

3

8

CIS*

12

Southern Asia

6

13

Sub-Saharan Africa

7

17

South-Eastern Asia

10

17

Eastern Asia

20

19

Latin America & the Caribbean

12

20

Developed regions

16

22

World

13

17

Women's political participation is growing, albeit slowly. Globally, as of January 2007, women represented 17 per cent of single and lower houses of parliament, up from 13 per cent in 1990. However, women represented at least 30 per cent of parliamentarians in only 19 countries. Rwanda is still leading the way, and is close to parity with 49 per cent of parliamentary seats occupied by women, followed by Sweden and Costa Rica, where women's representation is 47 and 39 per cent, respectively. At the other end of the spectrum, women lawmakers are absent altogether in some countries. In 2006 elections in the Solomon Islands and Tuvalu, no women were elected to the lower houses of parliament.

Encouraging signs, however, are coming from the Arab States. In 2006, for the first time, both women and men ran for election in Kuwait, where women obtained 2 parliamentary seats, and in the United Arab Emirates, where they won 23 per cent of seats. In Bahrain, a woman was elected to the lower house of parliament for the first time in that nation's history.

Worldwide, women's entry into political leadership positions is also widening. As of March 2007, 35 women were presiding officers in parliament – more than ever before – including, for the first time, in Gambia, Israel, Swaziland, Turkmenistan and the United States. In contrast, there is no clear positive trend in the number of women in the highest positions of state or government. Thirteen women were heads of state or government in 2006, compared to 9 in 2000 and 12 in 1995. A record number of women took up these top positions in 2006 – six in all – in Chile, Jamaica, Liberia, the Republic of Korea and Switzerland, and as acting president in Israel.

A number of factors are at play in determining women's political representation – including political will, the strength of national women's movements and continued emphasis by the international community on gender equality and women's empowerment. However, the most decisive factor remains gender quota systems. In 2006, countries with quotas nearly doubled the number of women elected, compared to countries without any form of gender quota system. Other countries have supported women's election bids through training and funding.

*Data for 1990 are not available for the CIS.

Goal 4

Reduce child mortality



TARGET

Reduce by two thirds, between 1990 and 2015, the under-five mortality rate

Child survival rates show slow improvement, and are worst in sub-Saharan Africa

Under-five mortality rate per 1,000 live births, 1990 and 2005

Sub-Saharan Africa

185

166

Southern Asia

126

82

CIS, Asia

81

72

Oceania

80

63

Western Asia

68

55

South-Eastern Asia

78

41

Northern Africa

88

35

Latin America & the Caribbean

54

31

Eastern Asia

48

27

CIS, Europe

27

17

Transition countries of South-Eastern Europe

29

17

Developing regions

106

83

1990

2005

Estimates for 2005 indicate that 10.1 million children died before their fifth birthday, mostly from preventable causes. Though infant and child mortality rates have declined globally, the pace of progress has been uneven across regions and countries. Accelerated improvements are needed most urgently in sub-Saharan Africa, Southern Asia, CIS countries in Asia and in Oceania. Not surprisingly, the lack of progress in child survival has been mirrored by neglect of many basic health services in parts of the developing world.

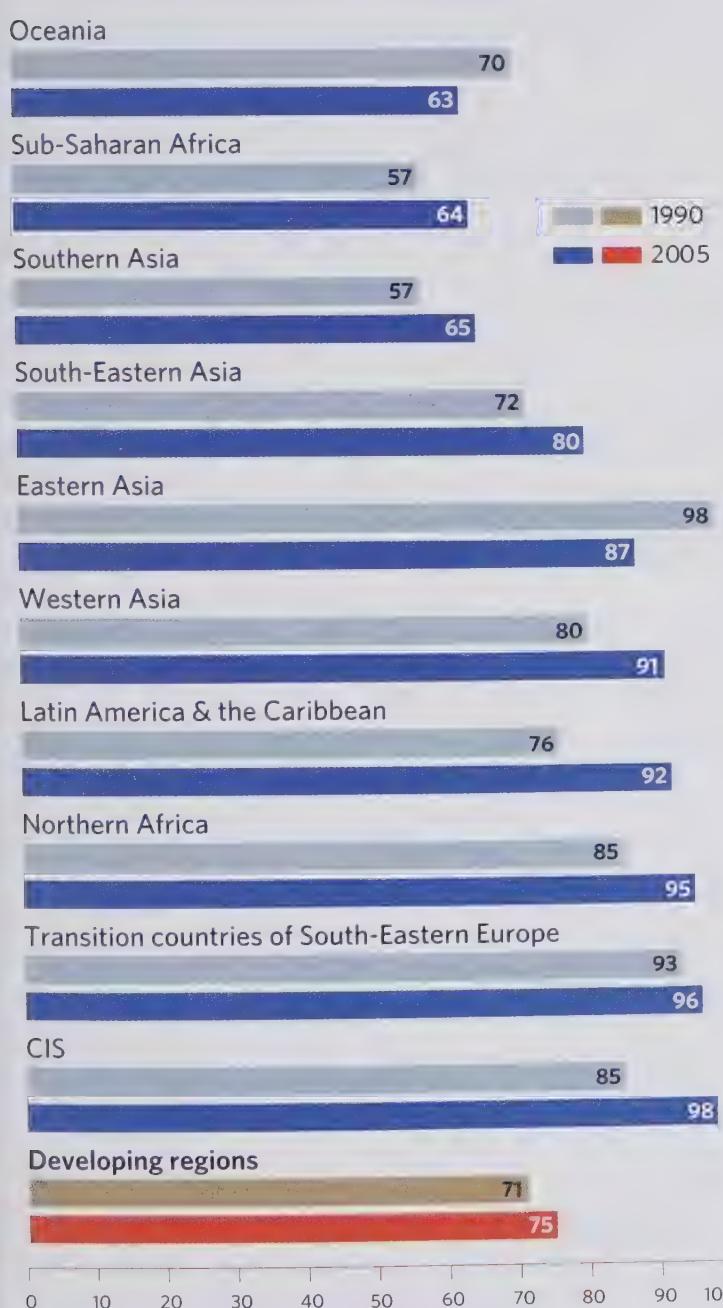
Recent surveys show that substantial improvements are possible, though disparities were found in the countries studied. Even in countries that have made good progress (i.e., that have seen a drop of at least 15 per cent in child mortality rates between 1998 and 2004), different patterns are observed. Survival rates have improved at all ages within the five-year span, but in some countries gains were most pronounced during certain periods – for example, in the vulnerable first month of life. Evidence from the latest surveys will be further studied to determine the key interventions necessary to reduce mortality during the various stages of a child's early life.

Changes in the levels of child mortality also show wide differentials according to socio-economic status. In most countries that have made substantial reductions in child mortality in recent years, the largest changes were observed among children living in the richest 40 per cent of households, or in urban areas, or whose mothers have some education.

In countries where progress is lagging or where child mortality has increased, AIDS is likely to be a major contributing factor. Malaria, too, continues to kill vast numbers of children. In other countries, war and conflict have been the leading causes of increasing child mortality in the recent past.

Vaccinations spur decline in measles and expansion of basic health services

Percentage of children 12-23 months old who received at least one dose of measles vaccine, 1990 and 2005 (Percentage)



Measles is one of the leading causes of child death among diseases that can be prevented by vaccines. Globally, deaths from measles fell by over 60 per cent between 2000 and 2005 – a major public health success. According to the latest data available, the number of these deaths dropped from 873,000 in 1999 to 345,000 in 2005. The most striking gains were found in Africa, where measles deaths decreased by nearly 75 per cent over the same period – from an estimated 506,000 to 126,000.

These achievements are attributed to improved immunization coverage throughout the developing world, as well as immunization campaigns that supplement routine services. While coverage stagnated between 1990 and 1999, immunization has rapidly gained ground since 2000. In sub-Saharan Africa, coverage dipped to 49 per cent in 1999 and increased again to 64 per cent by the end of 2005. This was largely the result of advocacy and support provided by the international Measles Initiative – which targeted 47 priority countries – together with the commitment of the African governments involved.

Routine measles immunization serves as a proxy indicator for access to basic health services among children under five. Accelerated activities to control measles are contributing to the development of health infrastructure that supports routine immunization and other health services. Moreover, measles vaccination campaigns have become a channel for delivering other life-saving interventions, such as mosquito nets to protect against malaria, de-worming medicine and vitamin A supplements.

Goal 5

Improve maternal health



TARGET

Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio

Half a million women continue to die each year during pregnancy or childbirth, almost all of them in sub-Saharan Africa and Asia

A number of middle-income countries have made rapid progress in reducing maternal deaths. Nevertheless, maternal mortality levels remain unacceptably high across the developing world, particularly in sub-Saharan Africa and Southern Asia. Each year, more than 500,000 women die from treatable or preventable complications of pregnancy and childbirth. In sub-Saharan Africa, a woman's risk of dying from such complications over the course of her lifetime is 1 in 16, compared to 1 in 3,800 in the developed world.

Health-care interventions can reduce maternal deaths, but need to be made more widely available

Proportion of deliveries attended by skilled health care personnel, 1990 and 2005 (Percentage)

Southern Asia

Sub-Saharan Africa

Western Asia

South-Eastern Asia

Northern Africa

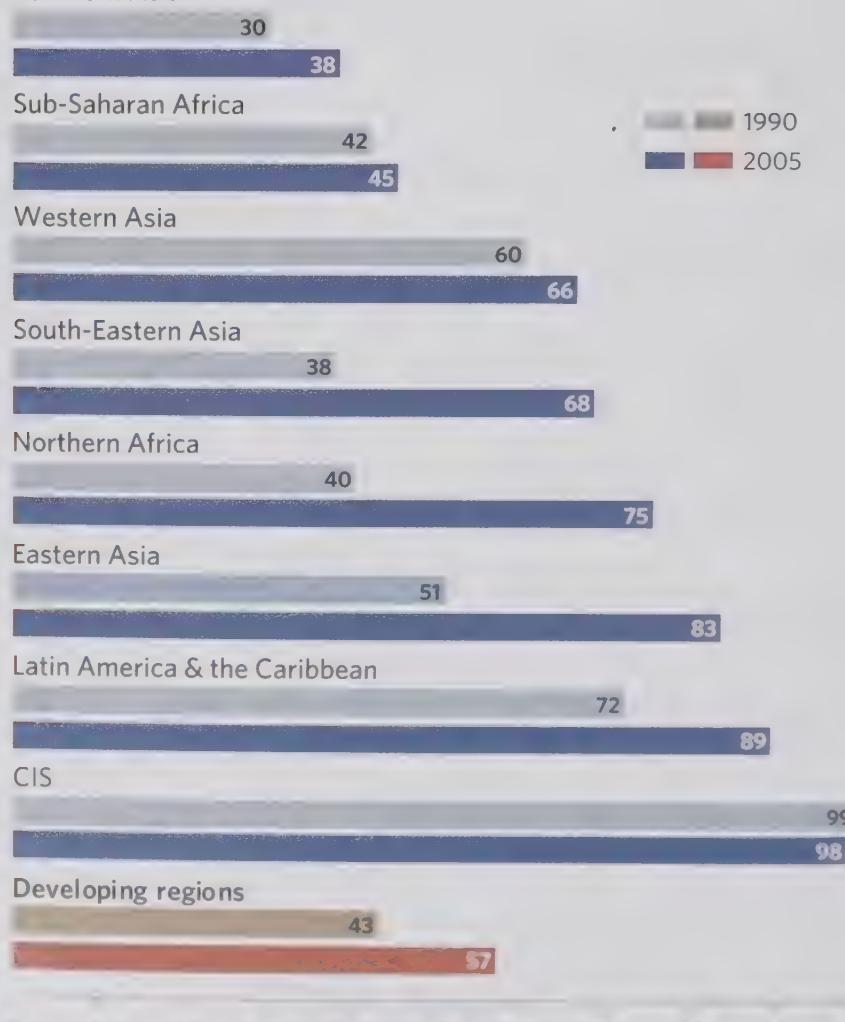
Eastern Asia

Latin America & the Caribbean

CIS

Developing regions

1990
2005



The vast majority of maternal deaths and disabilities could be prevented through appropriate reproductive health services before, during and after pregnancy, and through life-saving interventions should complications arise. Attendance at delivery by skilled health personnel (doctors, nurses, midwives) who are trained to detect problems early and can effectively provide or refer women to emergency obstetric care when needed is essential. The regions with the lowest proportions of skilled health attendants at birth are Southern Asia and sub-Saharan Africa, which also have the highest numbers of maternal deaths.

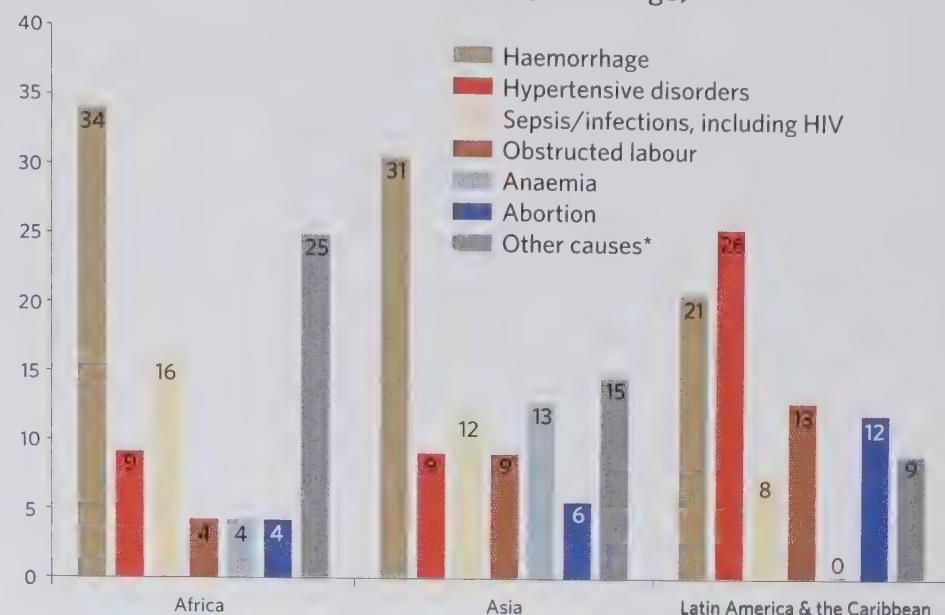
Disparities in the support available to women during pregnancy and childbirth are evident both among countries and within them. According to surveys conducted between 1996 and 2005 in 57 developing countries, 81 per cent of urban women deliver with the help of a skilled attendant, versus only 49 per cent of their rural counterparts. Similarly, 84 per cent of women who have completed secondary or higher education are attended by skilled personnel during childbirth, more than twice the rate of mothers with no formal education.

Antenatal care has long been recognized as a core component of maternal health services. It can help women identify potential risks and plan for a safe delivery. It also can serve as an entry point into the wider health-care system. Since 1990, every region has made progress in ensuring that women receive antenatal care at least once during their pregnancy. Even in sub-Saharan Africa, where the least progress has occurred, more than two thirds of women receive antenatal care at least one time during pregnancy.

For antenatal care to be effective, international experts recommend at least four visits to a trained health-care practitioner during pregnancy. However, in many countries, particularly in Africa, there is a large gap between the proportion of women who receive antenatal care at least once compared to those who receive care four or more times. In Kenya, for example, in 2003, 87 per cent of women received antenatal care at least once, while only 51 per cent received care the recommended four times. Similarly, women in Madagascar were twice as likely to receive antenatal care at least once rather than four or more times.

No single intervention can address the multiple causes of maternal deaths

Causes of maternal deaths, 1997-2002 (Percentage)



*Other causes include: ectopic pregnancy, embolism, other direct, indirect or unclassified causes.

Efforts to reduce maternal mortality need to be tailored to local conditions, since the causes of death vary across developing regions and countries. In Africa and Asia, haemorrhage is the leading cause of maternal death, while in Latin America and the Caribbean, hypertensive disorders during pregnancy and childbirth pose the greatest threat. Obstructed labour and abortion account for 13 and 12 per cent, respectively, of maternal mortality in Latin America and the Caribbean. In Asia, anaemia is a major contributor to maternal deaths, but is a less important cause in Africa and a negligible factor in Latin America. In Africa, particularly parts of Southern Africa, HIV and AIDS are frequently involved in deaths during pregnancy and childbirth.

Preventing unplanned pregnancies alone could avert around one quarter of maternal deaths, including those that result from unsafe abortion. Still, an estimated 137 million women have an unmet need for family planning. An additional 64 million women are using traditional methods of contraception with high failure rates. Contraceptive prevalence increased slowly from 55 per cent in 1990 to 64 per cent in 2005, but remains very low in sub-Saharan Africa, at 21 per cent.

In addition, in regions where the adolescent birth rate remains high, a large number of young women, particularly very young women, and their children face increased risk of death and disability. In sub-Saharan Africa, Southern Asia and Latin America and the Caribbean, the high adolescent birth rates prevailing in 1990 have not declined significantly, despite continued reductions in total fertility in those regions.

Goal 6

Combat HIV/AIDS, malaria & other diseases

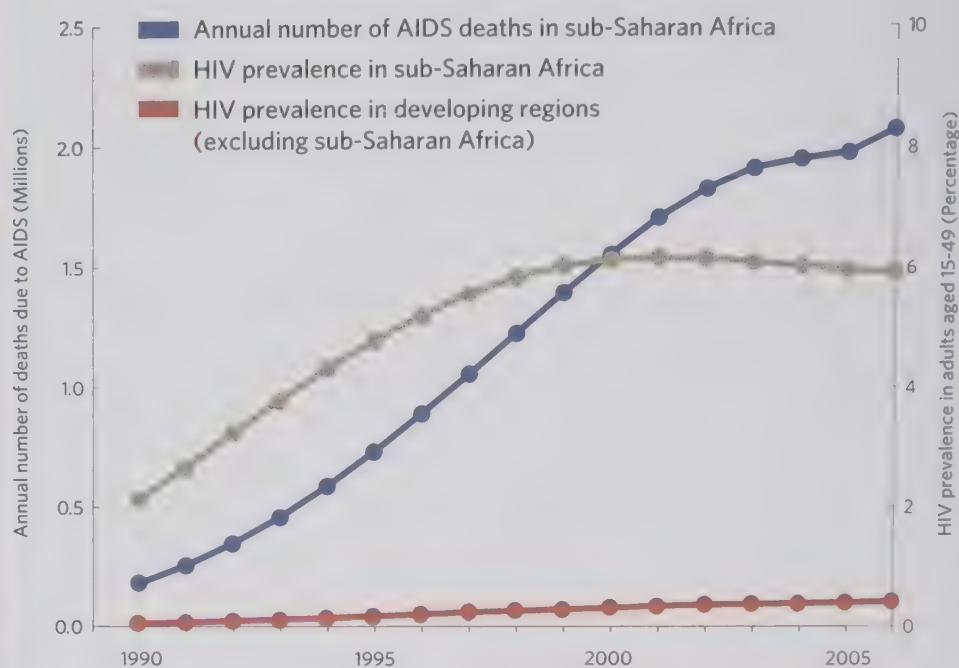


TARGET

Have halted by 2015 and begun to reverse the spread of HIV/AIDS

HIV prevalence has levelled off in the developing world, but deaths from AIDS continue to rise in sub-Saharan Africa

HIV prevalence in adults aged 15-49 in sub-Saharan Africa and all developing regions (Percentage) and number of AIDS deaths in sub-Saharan Africa (Millions), 1990-2006



By the end of 2006, an estimated 39.5 million people worldwide were living with HIV (up from 32.9 million in 2001), mostly in sub-Saharan Africa. Globally, 4.3 million people were newly infected with the virus in 2006, with Eastern Asia and the CIS showing the fastest rates of infection. The number of people dying from AIDS has also increased – from 2.2 million in 2001 to 2.9 million in 2006.

The use of non-sterile injecting drug equipment remains the main mode of HIV transmission in CIS countries. Recently, injecting drug use has emerged as a new factor for HIV infection in sub-Saharan Africa, especially in Mauritius, but also in Kenya, Nigeria, South Africa and the United Republic of Tanzania. In Southern and South-Eastern Asia, people are most often infected through unprotected sex with sex workers. Over the past two years, HIV outbreaks among men who have sex with men have also become evident in Asia – in Cambodia, China, India, Nepal, Pakistan, Thailand and Viet Nam.

In hardest hit areas, more than half of those living with HIV are women

Share of adults aged 15 years and older living with HIV, who are women, 1990, 2002 and 2006 (Percentage)

Oceania

23

55

Sub-Saharan Africa

54

58

Latin America & the Caribbean

26

32

1990 2002 2006

South-Eastern Asia

13

33

33

CIS, Europe

19

30

31

Southern Asia

21

27

28

Eastern Asia

15

22

28

CIS Asia*

25

Northern Africa

<0.1

18

23

Western Asia

<0.1

16

20

Developed regions

16

30

30

Developing regions

47

50

50

*Data for 1990 and 2002 are not available because the epidemic in this region is recent.

Power imbalances between men and women continue to drive the “feminization” of the HIV epidemic, though the dynamics are changing. Increasing numbers of married women are becoming infected, along with girls and young women. In 2006, women comprised 48 per cent of people around the world living with HIV.

Youth also places people of both genders at risk. In 2006, 40 per cent of new infections among people aged 15 and older were in the 15 to 24-year age group.

Though access to AIDS treatment has expanded, the need continues to grow

Population living with HIV in need of treatment who are receiving antiretroviral therapy, 2006 (Percentage)

Latin America & the Caribbean

72

South-Eastern Asia

49

Western Asia

37

Northern Africa

35

2006

Sub-Saharan Africa

28

Eastern Asia

26

Oceania

10

CIS

10

Southern Asia

9

Developing regions

28

0 10 20 30 40 50 60 70 80

Efforts to provide treatment for those living with HIV and AIDS continue to expand. As of December 2006, an estimated 2 million people were receiving antiretroviral therapy in developing regions. This represents 28 per cent of the estimated 7.1 million people in need. Though sub-Saharan Africa is home to the vast majority of people worldwide living with HIV (63 per cent), only about one in four of the estimated 4.8 million people there who could benefit from antiretroviral therapy are receiving it.

The magnitude of the problem is growing: Though 700,000 people received treatment for the first time in 2006, an estimated 4.3 million people were newly infected that year, highlighting the urgent need to intensify prevention efforts. If current trends continue, the number of people with advanced HIV infection in need of therapy will rise faster than treatment services can be scaled up.

Prevention measures are failing to keep pace with the spread of HIV

Slight declines in HIV prevalence among young people since 2000/2001 were reported in eight of the 11 African countries where sufficient information was available to assess trends. Improvements were most evident in Kenya, in urban areas of Côte d'Ivoire, Malawi and Zimbabwe, and in rural parts of Botswana. In general, however, prevention measures are failing to keep pace with the growth of the epidemic. In sub-Saharan Africa, less than a third of young men and just over a fifth of young women demonstrated a comprehensive and correct knowledge of HIV. In most countries, stigma and discrimination against people living with HIV further discourage many from taking an HIV test and disclosing their status to sexual partners. According to recent surveys in a dozen of the worst-affected countries in Africa, the median percentages of men and women who had been tested and received the results were only 12 per cent and 10 per cent, respectively.

In 2005, only 11 per cent of pregnant women in low- and middle-income countries who were HIV-positive were receiving services to prevent the transmission of the virus to their newborns.

Care of orphans is an enormous social problem, which will only get worse as more parents die of AIDS

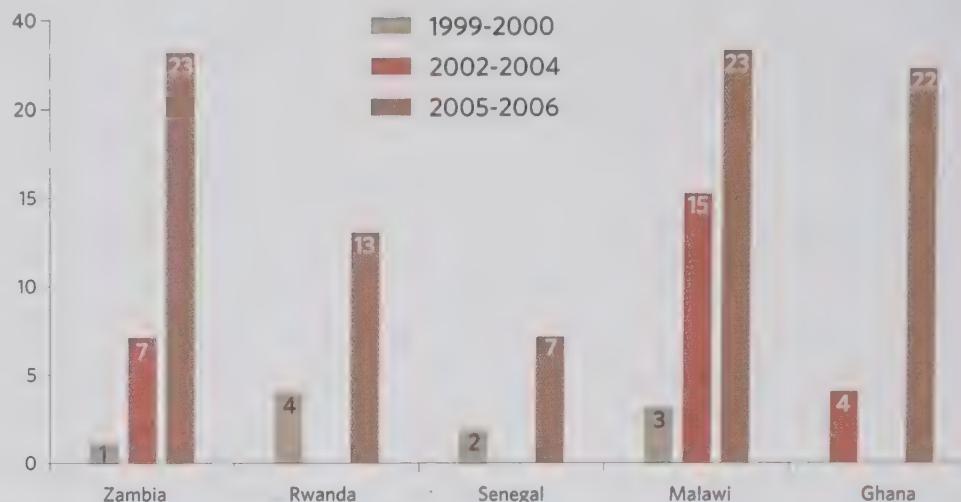
In 2005, an estimated 15.2 million children had lost one or both parents to AIDS, 80 per cent of them in sub-Saharan Africa. By 2010, the figure is likely to rise to more than 20 million. Several countries are making progress in providing a minimum package of services for orphans and vulnerable children, including education, health care, and social welfare and protection. But far more work is needed to provide a humane and comprehensive response to this unprecedented social problem.

TARGET

Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases

Malaria-control efforts are paying off, but additional effort is needed

Proportion of children sleeping under insecticide-treated bed nets in selected countries, 1999-2006 (Percentage)



Key interventions to control malaria have been expanded in recent years, thanks to increased attention and funding. A number of African countries, for example, have widened coverage of insecticide-treated bed nets (ITNs), which are among the most effective tools available for preventing the mosquito bites that cause malaria. Preliminary results from household surveys conducted in 2005-2006 show that many other countries are advancing on the bed net front as well, though final results will only be available later this year. Still, only a few countries came close to the 2005 target of 60 per cent coverage set at the African Summit on Roll Back Malaria in 2000. A strengthened commitment from all concerned is needed if countries are to reach the revised target of 80 per cent ITN use by 2010.

Countries will also need to ensure that coverage is more equitable. In sub-Saharan Africa, only 5 per cent of children under five sleep under insecticide-treated bed nets. And in rural areas of countries where malaria is endemic, the burden of malaria is often highest and ITN coverage lowest. According to the most recent surveys of 30 African countries (conducted from 2000 to 2006), children under five living in urban areas were nearly 2.5 times as likely to be sleeping under an insecticide-treated net as their rural counterparts.

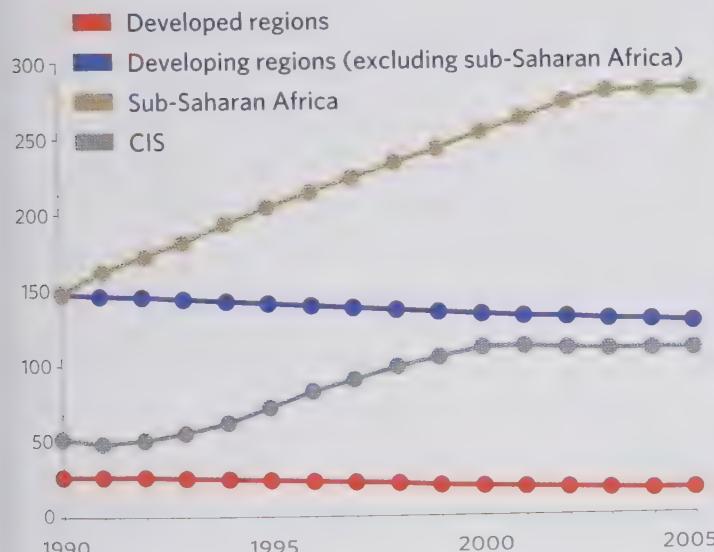
To meet the MDG target, the most effective treatment for malaria must also be made available to those in need. A significant proportion of the nearly 40 per cent of children with fever in sub-Saharan Africa who received anti-malarial drugs were treated with chloroquine, which has lost some of its effectiveness due to widespread resistance. A number of African countries

have shifted their national drug policies to encourage the use of artemisinin-based combination therapy (ACT). But to get these medicines to people who could benefit from them will require better forecasting of needs and improved management of procurement and supply-chain processes.

Around \$3 billion are needed worldwide – \$2 billion for Africa alone – to fight malaria in countries hardest hit by the disease. International funding for malaria control has risen more than tenfold over the past decade, but the amount available in 2004 was still only around \$600 million.

The incidence of tuberculosis is levelling off globally, but the number of new cases is still rising

Number of new tuberculosis cases per 100,000 population (excluding people who are HIV-positive), 1990-2005

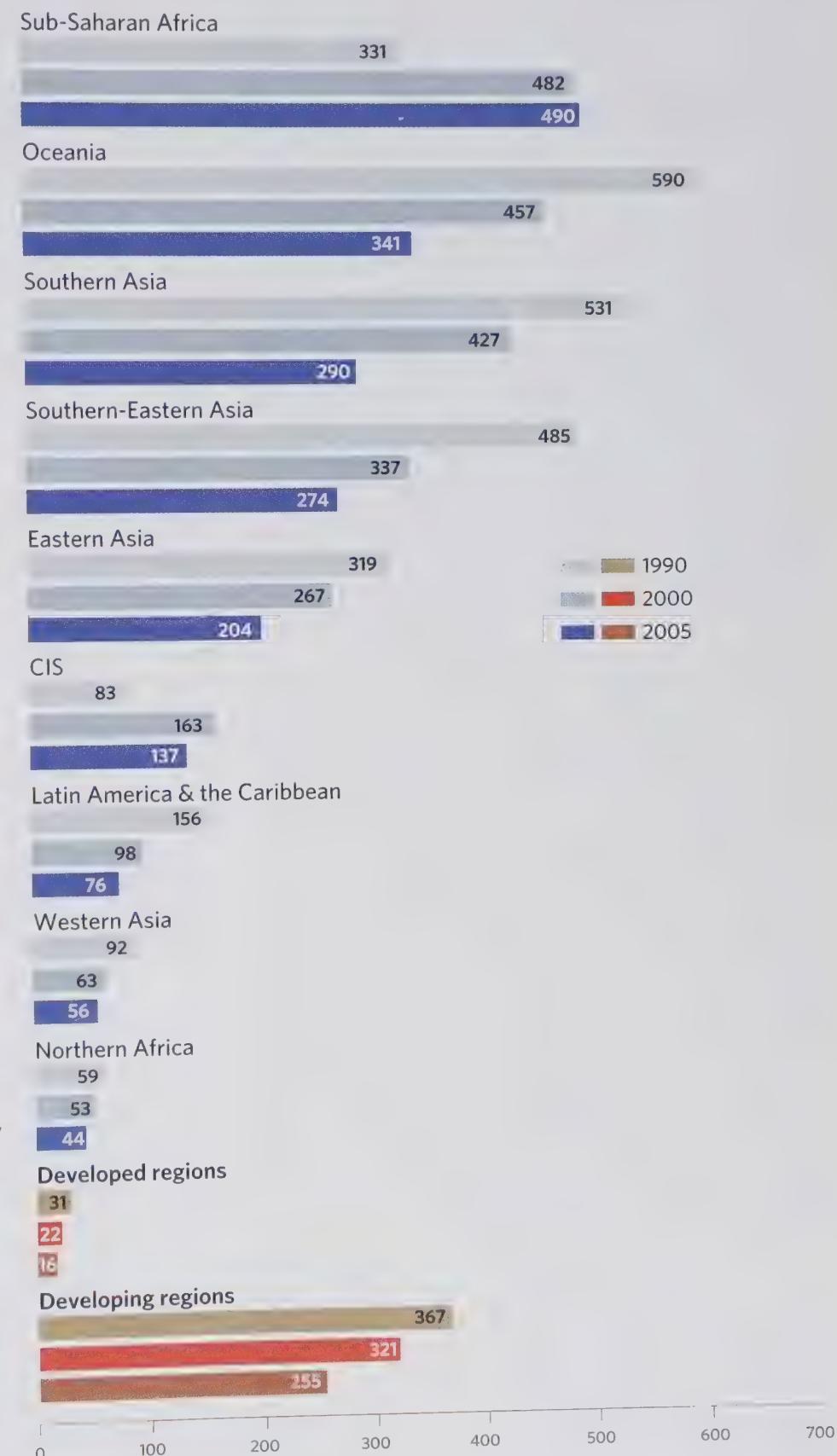


The incidence of tuberculosis – measured by the number of new cases per 100,000 people – has stabilized or begun to fall in most regions, following earlier downturns in prevalence and mortality. However, the total number of new cases was still rising slowly in 2005 due to population growth. An estimated 8.8 million new tuberculosis cases were reported in 2005, 7.3 million of which were in sub-Saharan Africa and the four Asian regions. A total of 1.6 million people died of tuberculosis in 2005, including 195,000 people infected with HIV.

While the incidence of tuberculosis increased dramatically in sub-Saharan Africa and in countries of the CIS throughout the 1990s, it had levelled off in both regions by 2005.

Reaching global targets for tuberculosis control will require accelerated progress, especially in sub-Saharan Africa and the CIS

Number of tuberculosis cases per 100,000 population (excluding people who are HIV-positive), 1990, 2000 and 2005



The global tuberculosis epidemic appears to be on the threshold of decline as incidence has begun to stabilize. However, progress is not fast enough to reach additional targets set by the Stop TB Partnership – to halve prevalence and death rates by 2015 (from 1990 levels). Based on recent progress, sub-Saharan Africa and the CIS are least likely to reach these new targets.

Goal 7

Ensure environmental sustainability



TARGET

Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources

Deforestation continues, especially in biologically diverse regions

Proportion of land area covered by forests, 1990, 2000 and 2005 (Percentage)

Northern Africa

1
1
1

Western Asia

3
3
3

Southern Asia

14
14
14

1990
2000
2005

Eastern Asia

16
18
20

Sub-Saharan Africa

29
27
26

Developed regions

30
31
31

CIS

39
39
39

Latin America & the Caribbean

50
47
46

South-Eastern Asia

56
50
47

Oceania

68
65
63

World

31
31
30

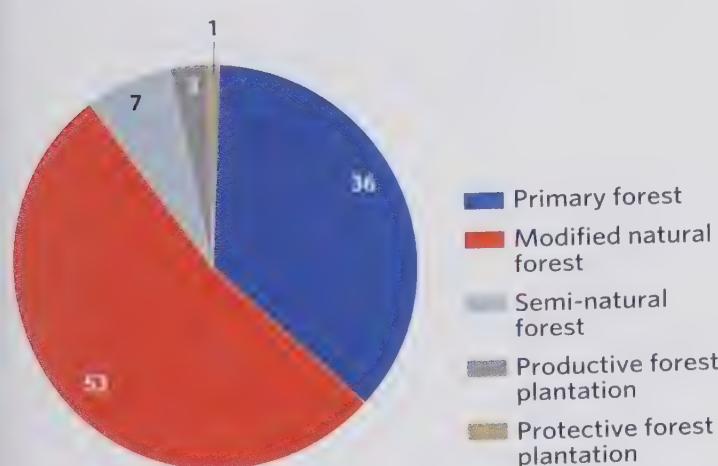
From 1990 to 2005, the world lost 3 per cent of its forests, an average decrease of 0.2 per cent a year. Deforestation, primarily due to the conversion of forests to agricultural land in developing countries, continues at an alarming rate – about 13 million hectares a year. The rate of loss has been fastest in some of the world's most biologically diverse regions, including South-Eastern Asia, Oceania, Latin America, and sub-Saharan Africa. In addition to the loss of biodiversity, between 18 and 25 per cent of greenhouse gas emissions each year are associated with deforestation, making it a key factor in climate change.

The planting of trees, restoration of degraded lands and the natural expansion of woodlands – especially in Europe, parts of North America and Eastern Asia – have increased forested areas in these regions, particularly in recent years. As a result, the net decrease in forest cover over the period 2000-2005 is about 7.3 million hectares a year – down from 8.9 million hectares a year from 1990 to 2000. Still, forested areas totalling about 200 square kilometres – an area twice the size of Paris – are being lost every day.

Recent efforts to curb deforestation – in Brazil, for example – are positive signs. In parts of the African Sahel, where desertification is contributing to poverty, the decentralization of authority to manage and benefit from local resources also shows promise of reversing earlier forest losses.

Tree plantations increase while old-growth forest ecosystems continue to be lost

Forest characteristics, 2005 (Percentage)



Maintaining the integrity of the world's forests and other ecosystems plays an important role in biodiversity conservation. More than a third (36 per

cent) of the world's forests remain largely undisturbed by human activity. Yet these primary forests were lost at a rate of about 6 million hectares a year between 2000 and 2005, because of selective logging and other human interventions. Over this same period, forest plantations increased by about 2.8 million hectares a year, mainly due to large-scale tree-planting schemes in China. Forest plantations represent less than 5 per cent of the world's total forest area. Slightly more than three quarters of all plantations are intended for harvesting, primarily of timber and fiber, while the remaining quarter are protective plantations, established mainly for the conservation of soil and water.

Despite increased efforts to conserve the land and seas, biodiversity continues to decline

In response to the loss of global biodiversity, the international community has been encouraging protection of the Earth's land and marine environments. The proportion of protected areas globally has steadily increased, and a total of about 20 million square kilometres of land and sea were under protection by 2006. This is an area more than twice the size of China. However, not all protected areas are effectively managed for conservation. Further clouding the picture is the fact that only a fraction of these areas – about 2 million square kilometres – are marine ecosystems, despite their important role in the sustainability of fish stocks and of coastal livelihoods.

Even though more areas are being protected, the proportion of species threatened with extinction continues to increase, and individual populations continue to decline. Unprecedented efforts will be required to conserve habitats and to manage ecosystems and species in a sustainable way if the rate of species loss is to be significantly reduced by 2010.

The world's fisheries are at particular risk, and will require continued international cooperation and management to maintain current stocks and to allow depleted ones to recover. After decades of deterioration, the proportion of overexploited, depleted and recovering fish stocks has now stabilized at around 25 per cent since the 1990s. But the proportion of underexploited fisheries is steadily declining. Currently, only 22 per cent of the world's fisheries are sustainable, compared to 40 per cent in 1975.

Growing greenhouse gas emissions continue to outpace advances in sustainable energy technologies

Emissions of carbon dioxide (CO₂), 1990-2004 (Billions of metric tons)



yields and the critical decline in food, shelter materials and water could prove catastrophic.

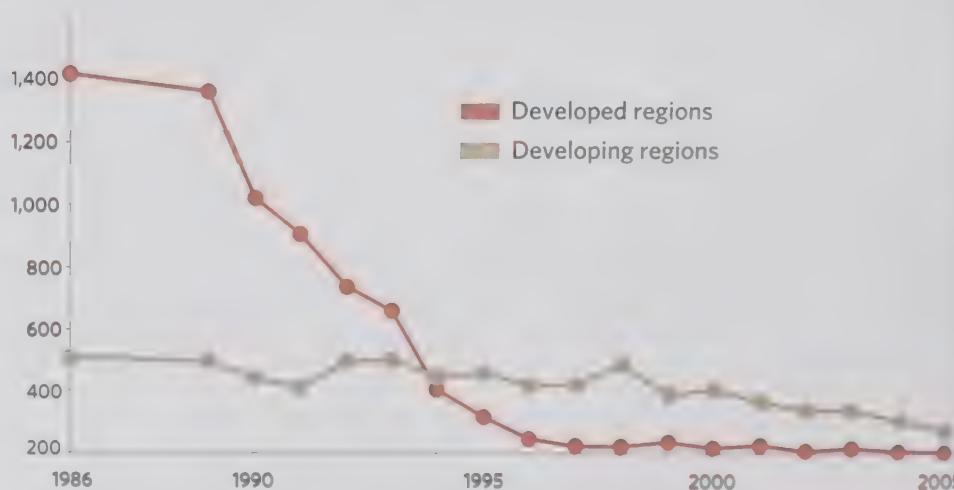
The primary contributor to climate change is carbon dioxide (CO₂), released by the burning of fossil fuels. Carbon dioxide emissions reached 29 billion metric tons in 2004 and continue to rise, as evidenced by increasing concentrations of CO₂ in the atmosphere. In South-Eastern Asia and Northern Africa, emissions more than doubled between 1990 and 2004. Yet, on a per capita basis, developing regions continue to emit far less CO₂ than developed regions. In 2004, developed regions accounted for about 12 tons per person on average. Western Asia, the highest per capita emitter among developing regions, produced less than half that amount. An individual in sub-Saharan Africa accounts for less than one tenth of the CO₂ produced by an average person in the developed world.

As global energy consumption continues to expand – an increase of 20 per cent since 1990 – progress has been made in the development and use of cleaner energy technologies. Energy from renewable resources, such as hydropower and bio-fuels, now accounts for more than 12 per cent of total energy use. The development of more modern renewables, which have no negative impact on people's health or the environment, has increased tenfold over the last several decades. However, these newer technologies, including those that rely on wind, solar, wave and geothermal energy, still account for only 0.5 per cent of total energy consumption.

A continuing reliance on fossil fuels is likely for some time to come. Stronger international action is needed to accelerate the transition to cleaner and more efficient energy sources.

A global effort to eliminate ozone-depleting substances is working, though damage to the ozone layer will persist for some time

Consumption of all ozone depleting substances, 1989-2005 (Thousands of metric tons of ozone-depleting potential)



Emissions of ozone-depleting substances (ODS) have been drastically reduced – from almost 1.5 billion tons in 1989 to 89 million tons in 2005 – since threats to the protective ozone layer were first recognized. The

According to the Intergovernmental Panel on Climate Change, the science is now unequivocal: Human activities are driving changes in the Earth's climate, with subsequent risks to livelihoods and human well-being. Mean global surface temperatures have increased by about 0.5 degrees Celsius since 1970. One expected result is an increase in severe weather patterns in many parts of the world. Shortages of fresh water – perhaps our most precious but degraded natural resource – are also likely to be exacerbated. In regions such as sub-Saharan Africa, where climate models predict less rainfall, the resulting drop in crop

progress to date, 20 years after the Montreal Protocol was signed, demonstrates what can be achieved when countries act together, and in a concerted way, to resolve global environmental problems.

Concentrations of ozone-depleting chlorofluorocarbons (CFCs) have begun to recede in the atmosphere. However, until they diminish significantly, the ozone layer cannot begin to heal and ultraviolet radiation will continue to harm human health, crop productivity and wildlife.

Since the 1990s, every region has exceeded its commitments under the Montreal Protocol. CFCs have already been phased out in developed countries, and developing countries are on track to do so by 2010. Similarly, every region has reduced its consumption of other ozone-depleting substances. However, countries have yet to completely eliminate their use, which is in accordance with the timelines proposed under the Protocol. Complicating the issue is the fact that significant amounts of CFCs continue to be produced and traded illegally. Management of ODS stockpiles is another concern, since the cost of destroying them is high and environmentally unsound disposal methods could spew disastrous amounts of ozone-depleting substances into the atmosphere. Maintaining momentum and funding for the final phase-out and for monitoring the ozone layer is crucial to a happy conclusion to this unprecedented international success story.

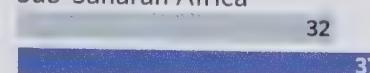
TARGET

Half, by 2015, the proportion of the population without sustainable access to safe drinking water and basic sanitation

With half the developing world without basic sanitation, meeting the MDG target will require extraordinary efforts

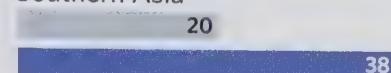
Proportion of population using improved sanitation, 1990 and 2004 (Percentage)

Sub-Saharan Africa



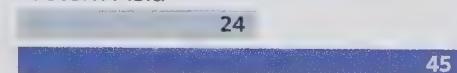
66

Southern Asia



60

Eastern Asia



62

Oceania



54

77

South-Eastern Asia



49

75

Northern Africa



65

83

Latin America & the Caribbean



68

84

CIS



82

91

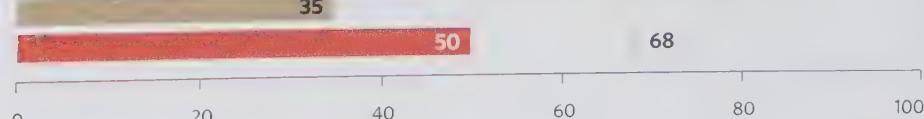
Western Asia



81

91

Developing regions



35

50

68

100

An estimated 1.6 billion people will need access to improved sanitation over the period 2005-2015 to meet the MDG target. Yet if trends since 1990 continue, the world is likely to miss the target by almost 600 million people.

Only Eastern, South-Eastern and Western Asia, Northern Africa and Latin America and the Caribbean are on track to halve the proportion of people without basic sanitation by 2015. All other developing regions have made insufficient progress towards this target. In sub-Saharan Africa, the absolute number of people without access to sanitation actually increased

- from 335 million in 1990 to 440 million people by the end of 2004. This number may increase even further if trends do not improve.

The health, economic and social repercussions of open defecation, poor hygiene and lack of safe drinking water are well documented. Together they contribute to about 88 per cent of the deaths due to diarrhoeal diseases - more than 1.5 million - in children under age five. Infestation of intestinal worms caused by open defecation affects hundreds of millions of predominantly school-aged children, resulting in reduced physical growth, weakened physical fitness and impaired cognitive functions. Poor nutrition contributes to these effects. As the intensity of infection increases, academic performance and school attendance decline substantially. Intestinal worms can also lead to anaemia, which, for girls, increases the risks later of complications in childbirth.

TARGET

To improve the lives of at least 100 million slum dwellers by 2020

The rapid expansion of cities is making slum improvements even more daunting

Urban population living in slums conditions, 1990, 2001 and 2005 (Percentage)

Sub-Saharan Africa



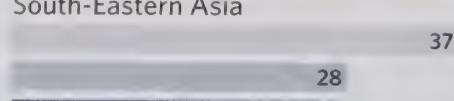
Southern Asia



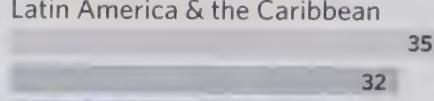
Eastern Asia



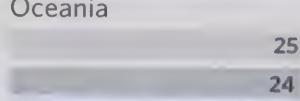
South-Eastern Asia



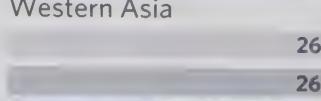
Latin America & the Caribbean



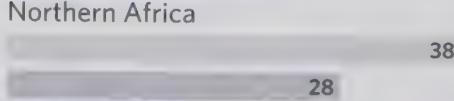
Oceania



Western Asia



Northern Africa



Developing regions



0 10 20 30 40 50 60 70 80

Note: The decrease in the percentage of populations living in slum conditions is due in large part to a change in the definition of adequate sanitation. In 2005, only a proportion of households using pit latrines were considered slum households, whereas in 1990 and 2001 all households using pit latrines were counted as slum households. The change affects estimates mostly in those countries where the use of pit latrines is more widespread, as in Sub-Saharan Africa.

Already, nearly half the world's population live in cities in towns. But due to urban migration and rapid population growth, the number of urban dwellers will continue to expand, from 3.2 billion people today to nearly 5 billion by 2030, with most of the growth taking place in Africa and Asia.

In 2005, one out of three urban dwellers was living in slum conditions - that is, lacking at least one of the basic conditions of decent housing: adequate sanitation, improved water supply, durable housing or adequate living space. Even if the growth rate of slum dwellers decreases, the rapid expansion of urban areas will make it challenging to improve living conditions quickly enough to meet the target.

Sub-Saharan Africa and Southern Asia are still the regions where lack of adequate shelter among urban populations is most acute. Looking beyond the regional averages, the situation is even more discouraging. In countries including Chad, the Central African Republic and Ethiopia, four out of five urban dwellers live in slums. In most of Asia and in Latin America, where the majority of urban dwellers have access to improved water and sanitation, slum conditions are characterized mainly by overcrowding and makeshift shelters. The non-durability of housing, in fact, is a problem for an estimated 117 million people living in cities of the developing world. Over half of these people live in Asia; Northern Africa has the fewest people living in non-durable housing. In 2005, about one fifth of the urban population in the developing world lived in overcrowded houses (with more than three persons sharing a bedroom); two thirds of them were in Asia, with half in Southern Asia.



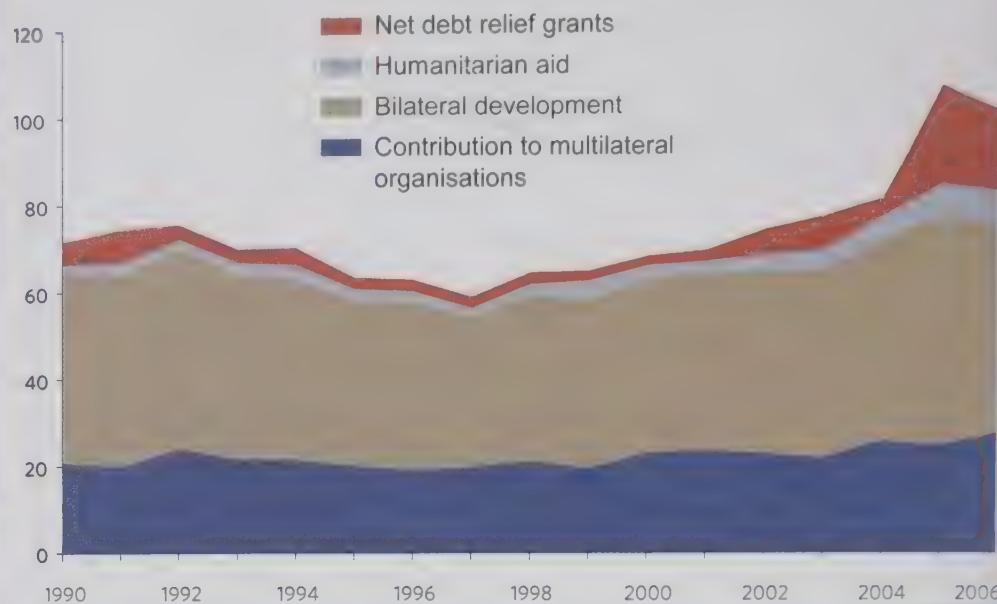
Goal 8

Develop a global partnership for development



Development aid falls, despite renewed commitments by donor countries

Official development assistance from developed countries, 1990-2006
(Constant 2005 United States dollars)



In 2005, aid rose to a record \$106.8 billion due to large debt relief operations, most notably for Iraq and Nigeria. In 2006, substantial debt relief to these two countries began to drop out of the equation, causing net aid disbursements to fall to \$103.9 billion – equivalent to 0.3 per cent of developed countries' combined national income. In real terms, official aid dropped by 5.1 per cent, the first decline since 1997. Even excluding debt relief, aid still declined by 1.8 per cent from the year before.

The only donors to reach or exceed the United Nations target of 0.7 per cent of gross national income for development aid were Denmark, Luxembourg, the Netherlands, Norway and Sweden. Sixteen of the 22 member countries of the Development Assistance Committee (DAC) met the 2006 targets for official development assistance they set at the 2002 Monterrey Conference on Financing for Development.

Aid is expected to continue to fall slightly in 2007 as debt relief declines further. Other forms of aid will increase if donors fulfil their recent pledges. However, the present rate of increase in core development programmes will have to triple over the next four years if donors are to deliver on their promises.

TARGET

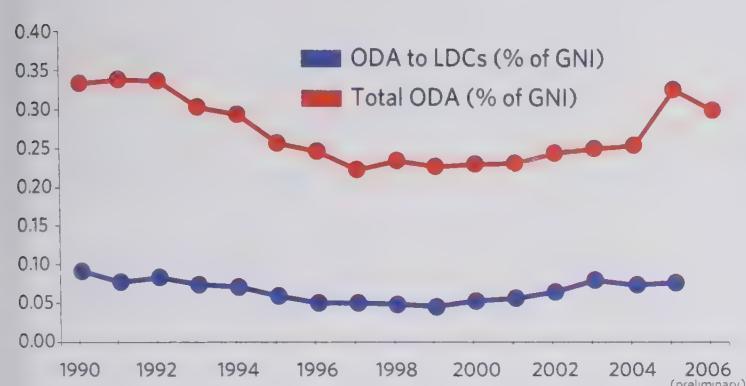
Address the special needs of the least developed countries, landlocked countries and small island developing states

TARGET

Develop further an open, rule-based, predictable, non-discriminatory trading and financial system

Donors pledge to double their aid to Africa, but there is little to show so far

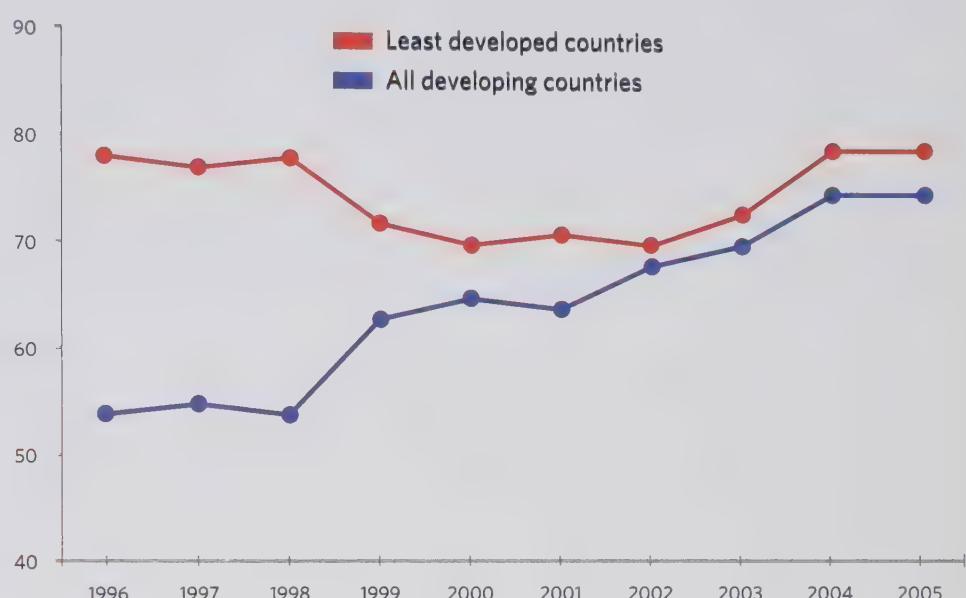
Official development assistance from developed countries as a proportion of donors' gross national income, 1990-2006 (Percentage)



Development assistance is mainly targeted at the poorest countries. However, aid to the least developed countries (LDCs) has essentially stalled since 2003. Aid to sub-Saharan Africa, excluding debt relief for Nigeria, increased by only 2 per cent between 2005 and 2006. This reflects poorly on donors, who pledged to double aid to Africa by 2010 at the summit of the Group of 8 industrialized nations in Gleneagles in 2005.

Preferential market access has stalled for most developing countries

Proportion of imports from developing countries (excluding arms and oil) admitted to developed countries duty-free, 1996-2005 (Percentage)



In the Millennium Declaration, governments agreed that globalization should become a positive force for all. To this end, members of the World Trade Organization decided at a 2001 meeting in Doha to complete, by the end of 2004, a series of trade negotiations that would focus on improving the prospects of developing countries. As of early 2007, there was still no agreement on the overall programme of measures to be adopted. This represents an important opportunity lost.

As part of these broader negotiations, developed countries (and developing countries in a position to do so) agreed in 2005 to eliminate duties and quotas on most imports from least developed countries (LDCs). As a result, trade barriers for these countries have diminished, but remain significant for some products and some LDCs. In addition, more than 40 developing countries, including China, are now willing to enhance duty-free access for least developed countries under the auspices of the Global System of Trade Preferences.

In 2005, the share of goods entering developed country markets duty-free was unchanged from the year before, for both developing countries as a whole and for the least developed countries. Moreover, the liberalization of existing quotas on sensitive products, such as clothing and textiles, resulting from the end of the Agreement on Textiles and Clothing in 2005, unleashed a global restructuring of trade flows. This benefited some developing countries but was detrimental to others – ranging from some upper-middle-income countries in Asia and Latin America to several least developed countries in Africa.

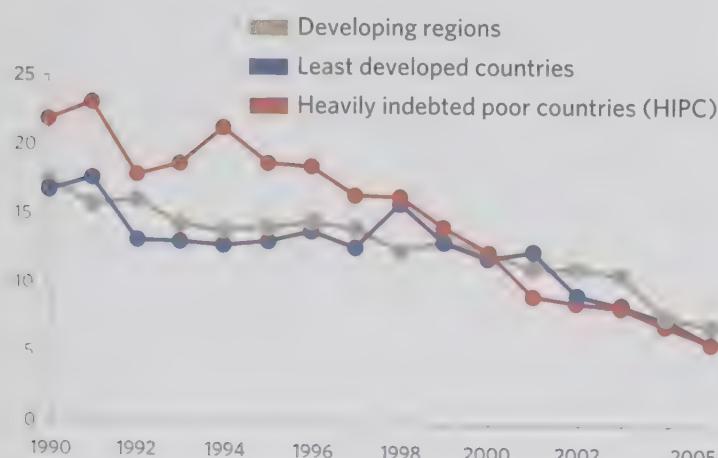
Opening the markets of rich or middle-income economies does not, by itself, always benefit the poorest developing countries. Through various initiatives, African LDCs have almost full market access to most developing countries duty-free. However, supply constraints severely limit their capacity to exploit such opportunities. In addition, restrictive conditions – including rules on origins of products and other administrative obstacles – often make these preferences difficult to take advantage of. To raise LDCs out of poverty, improved market access needs to be complemented by a significant programme of Aid for Trade, a call that was reiterated in the World Trade Organization's Ministerial Declaration in 2005. However, between 2001 and 2005, the proportion of official aid going to trade-related technical assistance and capacity-building has declined from 4.4 to 3.5 per cent.

TARGET

Deal comprehensively with developing countries' debt

The debt service burden of developing countries continues to lighten

External debt service payments as proportion of export revenues, 1990-2005 (Percentage)



The poorest countries continue to be relieved of their external debt burdens under two programmes: the Highly Indebted Poor Country (HIPC) Initiative and the Multilateral Debt Relief Initiative (MDRI). The MDRI, proposed by the Group of 8 industrialized nations, was launched in 2005 to reduce further the debts of highly indebted countries and to provide additional

resources to help them meet the Millennium Development Goals. Under the programme, three multilateral institutions – the International Development Association, International Monetary Fund and African Development Fund – provide 100 per cent debt relief for eligible debts of countries that have completed the HIPC initiative process, which requires meeting certain criteria. In early 2007, the Inter-American Development Bank decided to provide similar debt relief to the five Latin American and Caribbean countries that are part of the HIPC programme.

By April 2007, 22 of the 40 HIPC countries had fulfilled all conditions and been granted debt relief; eight had completed the first stage of the process (called the 'decision point') and received debt relief on a provisional basis. The remaining 10 countries have received commitments of HIPC debt relief worth \$12.5 billion in present value terms and could become eligible for further debt relief under the MDRI. Eleven other countries remain potentially eligible for debt relief under the HIPC initiative, but have been unable to seize the opportunity because of conflict, poor governance or arrears in payments.

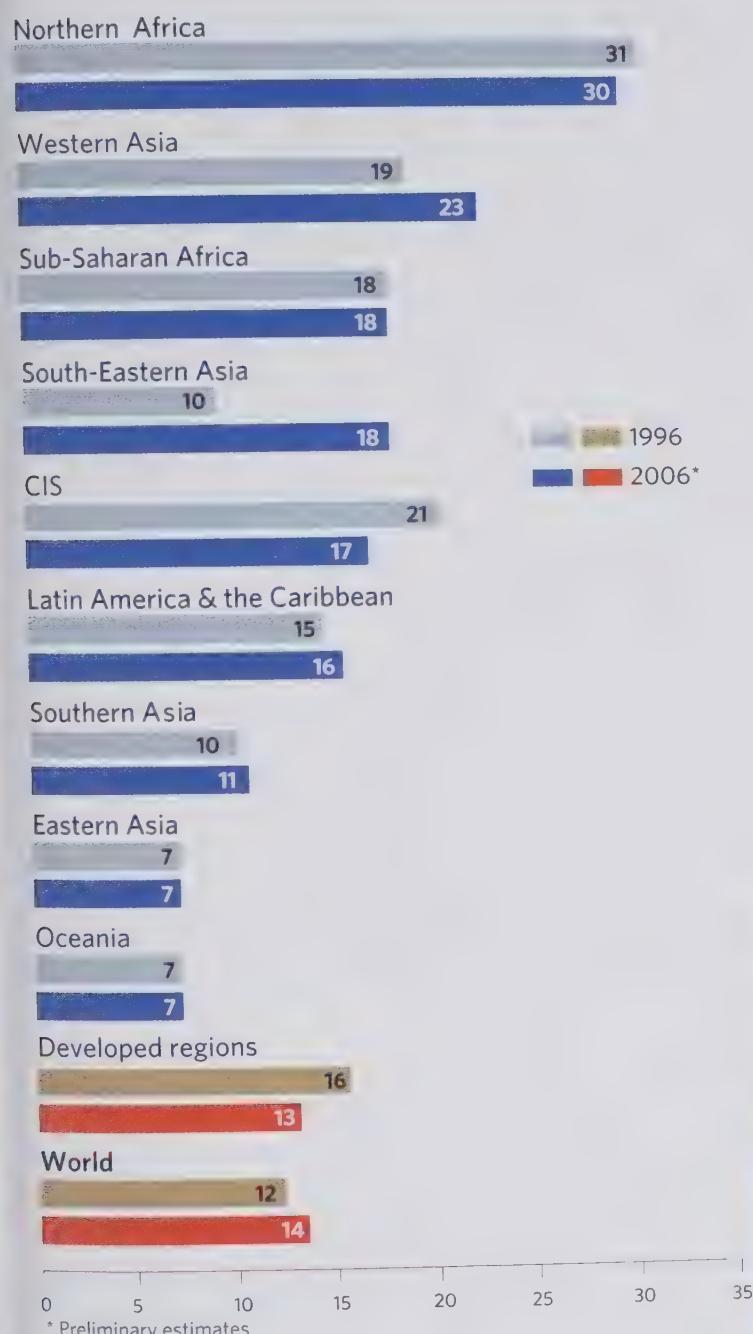
By mid-2006, nearly \$60 billion in debt relief had been committed to countries that had reached the HIPC decision point. Relief under the two initiatives is expected to reduce the debt stocks of these countries by almost 90 per cent. Their estimated debt service payments fell to about 6 per cent of export earnings in 2005; it is expected that they will have declined even further – to about 4 per cent – in 2006. Debt service paid by these countries fell by about 2 per cent of their gross domestic product between 1999 and 2005, and is expected to decline further over the next several years.

TARGET

In cooperation with developing countries, develop and implement strategies for decent and productive work for youth

In all regions, economies have failed to provide full employment for their young people

Youth unemployment rates, 1996 and 2006
(Percentage)



Both developed and developing economies are failing to provide job opportunities at a fast enough pace to fully employ their young people. Since 1996, the

number of jobless youth has grown from 74 million to 86 million in 2006. This represents almost half of the 195 million jobless people in the world. Young people tend to have more difficulty finding work than adults and, in many countries, they are more than three times as likely to be without jobs. In 2006, youth unemployment stood at 13.6 per cent, compared to the adult unemployment rate of 4.4 per cent.

Coping with the employment challenge is made more urgent by the staggering number of projected job entrants over the next few years, especially in developing countries – home to 89 per cent of the world's youth. The total number of young people has increased by over 142 million since 1996 and is expected to grow by an additional 18 million by 2015, to nearly 1.2 billion. Ensuring that young people have a productive outlet for their energy and talents is an indispensable element of poverty eradication.

The successful integration of young people into the labour market – especially youth from poor or underprivileged households – is also important for economic growth. With the right start in the labour market comes a wider range of options through which young people can improve their lives as well as those of future dependants. The result: an end to the spread of intergenerational poverty. Moreover, young men and women who have the means to support a family may be less likely to resort to anti-social behaviour, violence or crime.

Unemployment is only one aspect of underperforming labour markets. All too often, people have a job but work unacceptably long hours under intermittent and insecure work arrangements, characterized by low productivity, meagre earnings, reduced labour protection and diminished rights. All of these dimensions should be considered part of a broader definition of decent and productive work, an analysis of which would aid our understanding of the progress being made towards full employment for all. Everyone – women and young people included – has the right to fulfil their potential and escape the poverty trap through decent and productive work.

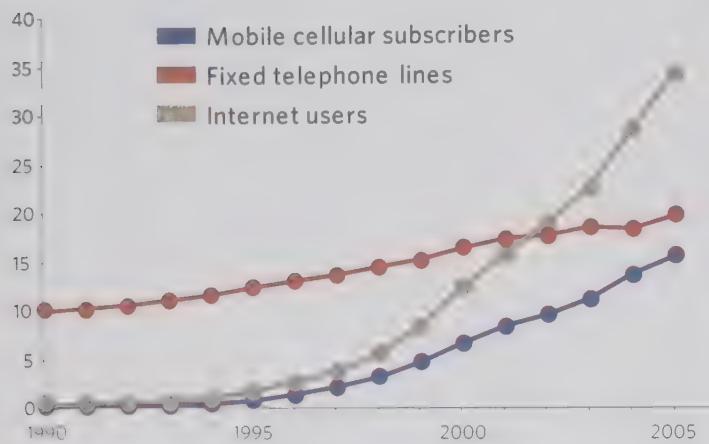


TARGET

In cooperation with the private sector, make available the benefits of new technologies, especially information and communications

Access to information and communication technologies grows fastest in the mobile sector

Number of telephone subscriptions and Internet connections per 100 population, 1990-2005 (Percentage)



Connectivity is increasing, with the number of Internet users and telephone subscribers expanding worldwide. The most rapid growth has taken place in the mobile sector, which has been critical to improving communications in regions with few fixed telephone lines. The number of mobile subscribers worldwide rose from 11 million in 1990 to 2.2 billion in 2005, compared to growth in fixed lines of 520 million to 1.2 billion over the same period. In Africa, almost every country has more mobile than fixed telephone subscribers, and over 55 million new mobile subscribers were added in 2005. By the end of 2005, a total of 130 million Africans had subscriptions to mobile phones. This represents 15 per cent of the African population, compared to 3 per cent with fixed telephone lines and 4 per cent using the Internet.

Internet use is growing, but remains low throughout the developing world

Number of Internet users per 100 population, 2002 and 2005



By the end of 2005, just over 15 per cent of the world's population were using the Internet. However, the proportions are skewed in favour of richer countries. Over half the population in developed regions were using the Internet in 2005, compared to 9 per cent in developing regions and 1 per cent in the 50 least developed countries.

53



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A note to the reader

Charting progress towards the MDGs

The Millennium Declaration, signed by world's leaders of 189 countries in 2000, established 2015 as the deadline for achieving most of the Millennium Development Goals. The majority of MDG targets have a baseline of 1990, and are set to monitor achievements over the period 1990-2015. This report presents an assessment of progress midway through the process, based on data available as of June 2007.¹ Since more data are now becoming available for the period after 2000, data for 2000 are also presented whenever possible, to provide a more detailed picture of progress since the Declaration was signed.

The basis for this analysis

This analysis is based on regional and subregional figures compiled by the Inter-Agency and Expert Group on MDG Indicators. In general, the figures were obtained through weighted averages of country data – using the population of reference as a weight. To ensure comparability across countries and regions, the data are those used by international agencies within their area of expertise (see inside front cover for a list of contributing organizations). For each indicator, one or more agencies were designated to be the official data providers and to take the lead in developing appropriate methodologies for data collection and analysis.

Data are typically drawn from official statistics provided by governments to the international agencies responsible for the indicator. This is done through a mechanism of periodic data collection. In the case of data on employment, for example, the International Labour Organization collects labour force indicators from labour ministries and national statistical offices in every country; in the area of health, the World Health Organization gathers administrative records and household survey data on major diseases from ministries of health and national statistical agencies around the globe.

To fill frequent data gaps, many of the indicators are supplemented by or derived exclusively from data collected through surveys sponsored and carried out by international agencies. These include many of the health indicators, which are compiled for the most part from Multiple Indicator Cluster Surveys and Demographic Health Surveys.

In some cases, countries may have more recent data that have not yet become available to the specialized agency in question. In other cases, countries do not produce the data required to compile the indicator, and the responsible international agencies estimate the missing values. Finally, even when countries regularly produce the necessary data, adjustments are often needed to ensure international comparability. The United Nations Statistics Division maintains

the official website of the Inter-Agency and Expert Group on MDG Indicators and its database – accessible at mdgs.un.org – containing the aggregated data as well as the country data series as provided by all partner agencies. The database also presents the detailed metadata on the calculation of the indicators and the methodologies used for regional aggregations.

Aggregated figures are used in this report to provide an overall assessment of regional progress under the eight goals and are a convenient way to track advances over time. However, the situation in individual countries within a given region may vary significantly from the averages presented here.

Building stronger statistical systems

The availability of good statistics and the capacity of governments, donors and international organizations to systematically measure, monitor and report on progress in all social and economic spheres are at the heart of development policy and the achievement of the MDGs.

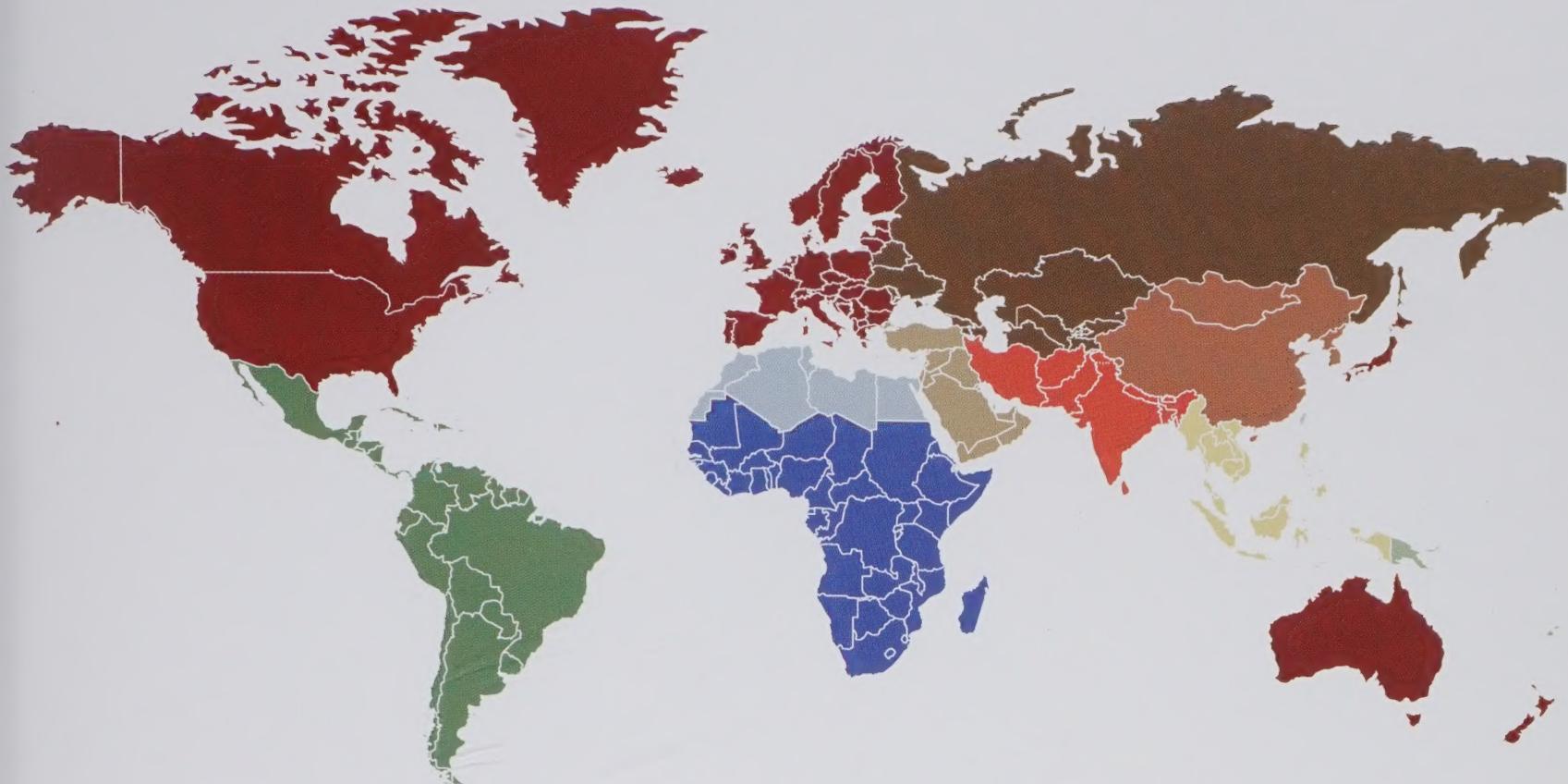
Reliable data at the national and local levels are indispensable to informing policies, identifying and measuring the effectiveness of key interventions, and monitoring progress. Since periodic assessment of the MDGs began over five years ago, a number of initiatives have been launched to address the needs of developing countries to strengthen their capacity to produce, analyse and disseminate data. A major step in this direction was the 2004 endorsement of the “Marrakech Action Plan for Statistics - Better Data for Better Results, An Action Plan for Improving Development Statistics,” by the Second International Roundtable on Managing for Development Results, comprising aid recipients and donor stakeholders.

In line with the Marrakech Plan, the Inter-Agency and Expert Group on MDG Indicators has also made statistical capacity-building one of its priority areas of work. Towards this end, the Inter-Agency Group, together with international agencies, donors and representatives from national statistical offices, are identifying national priorities in statistical capacity-building. They are also making specific recommendations for improvements in the delivery and coordination of statistical assistance to countries.

More recently, the United Nations Statistical Commission, comprised of representatives of national statistical services, has called the attention of UN Member States to the urgent need to build statistical capacity in countries where resources are limited. A Resolution on Statistical Capacity-Building was proposed by the Commission in March 2006 and later approved by the Economic and Social Council in July 2006. Building such capacity will require increased and better coordinated financial and technical support from the international community. Achieving success will depend on country ownership and government commitment to spur the institutional changes needed to ensure the sustainability of capacity-building initiatives.

Given the time lag between collecting data and analysing them, few indicators have data for the current year or 2006.

Regional Groupings



- Developed regions
- Countries of the Commonwealth of Independent States (CIS)
- Northern Africa
- Sub-Saharan Africa
- South-Eastern Asia
- Oceania
- Eastern Asia
- Southern Asia
- Western Asia
- Latin America & the Caribbean

This report presents data on progress towards the Millennium Development Goals for the world as a whole and for various country groupings. These are classified as "developing" regions, the transition economies of the Commonwealth of Independent States (CIS) in Asia and Europe, and the "developed" regions.¹ The developing regions are further broken down into the subregions shown on the map above. These regional groupings are based on United Nations geographical divisions, with some modifications necessary to create, to the extent possible, groups of countries for which a meaningful analysis can be carried out. A complete list of countries included in each region and subregion is available at mdgs.un.org.

¹ Since there is no established convention for the designation of "developed" and "developing" countries or areas in the United Nations system, this distinction is made for the purposes of statistical analysis only.

For more information:

Visit the UN Statistics Division Millennium Development Goals website at
mdgs.un.org

Visit the UN Millennium Development Goals website at
www.un.org/millenniumgoals

Visit the UN Millennium Campaign Office website at
www.millenniumcampaign.org

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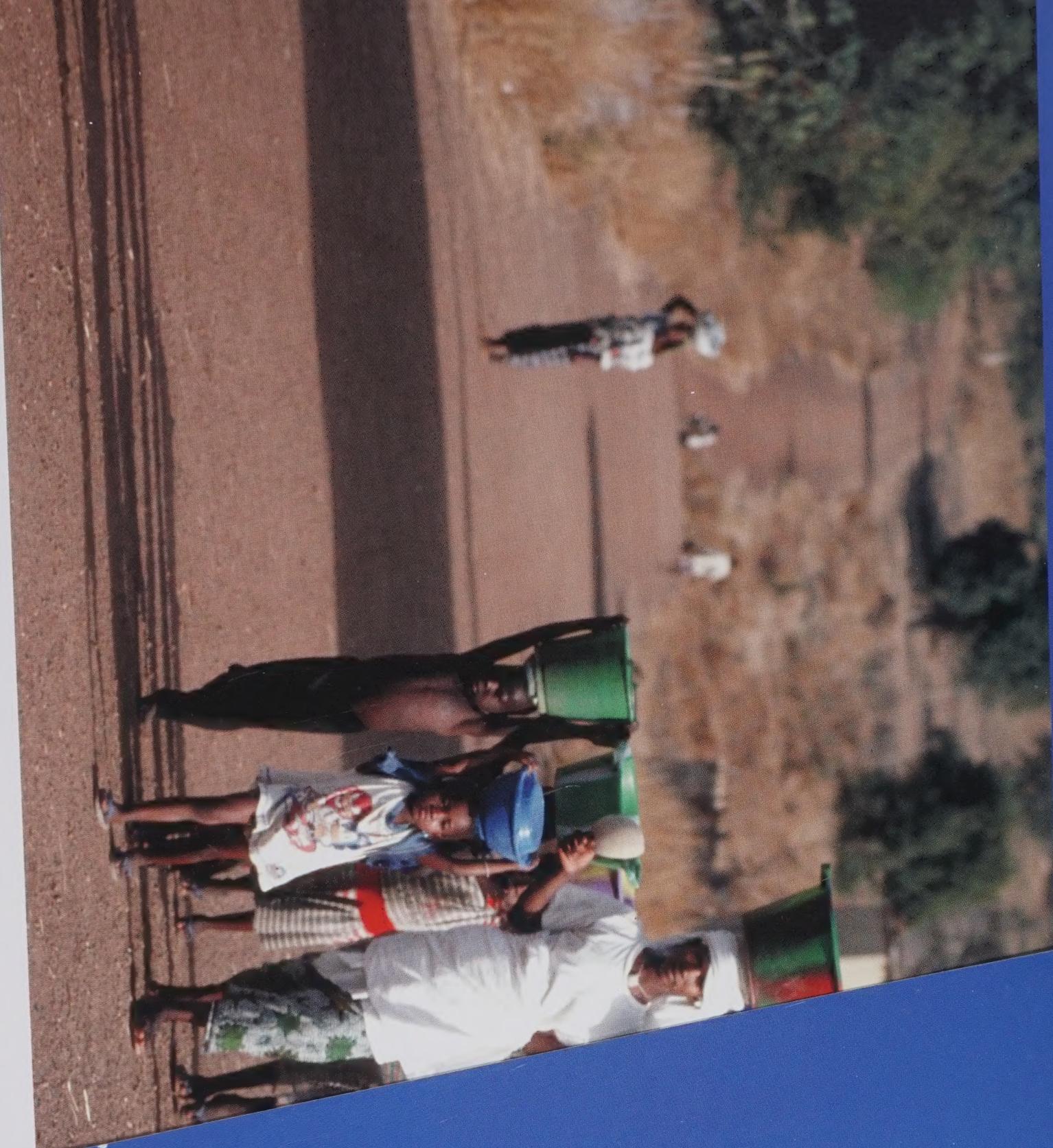


Millennium Development Goals: 2007 Progress Report

10 years later in 2007 the Millennium Development Goals have become a universally shared framework

Progress at the MDGs mid-point

The Millennium Declaration established 2015 as the



“In the Millennium Declaration of 2000, world leaders set forth a new vision for humanity... Leaders committed themselves ‘to spare no effort to free our fellow men, women and children from the abject and dehumanizing conditions of extreme poverty’.

We must recognize the nature of the global trust at stake and the danger that many developing countries’ hopes could be irredeemably pierced if even the greatest anti-poverty movement in history is insufficient to break from ‘business as usual’.

Are we on course to look back, in 2015, and say that no effort was spared?”

– *Meeting the Challenges of a Changing World*

(Annual Report of the Secretary-General on the Work of the Organization, 2006)



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